



July 25, 2023

VIA ELECTRONIC FILING

Oregon Public Utility Commission
Attn: Filing Center
P.O. Box 1088
Salem, OR 97308-1088

Re: UG 461: Motion for Pro Hac Vice Admission of Noelia Gravotta by Sierra Club and Climate Solutions

Dear Filing Center,

Enclosed for filing in Docket No. UG 461, please find the Motion for Noelia Gravotta to Appear Pro Hac Vice by Sierra Club and Climate Solutions.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

Adam Hinz
Paralegal
Earthjustice
810 Third Avenue, Suite 610
Seattle, WA 98104
206-343-7340
ahinz@earthjustice.org

**BEFORE THE PUBLIC UTILITY COMMISSION
OF OREGON**

UG 461

In the Matter of)	MOTION FOR NOELIA
)	GRAVOTTA TO APPEAR PRO
AVISTA CORPORATION, dba)	HAC VICE BY SIERRA CLUB and
AVISTA UTILITIES,)	CLIMATE SOLUTIONS
)	
<u>Request for a General Rate Revision.</u>)	

In accordance with OAR 860-001-0320 and UTCR 3.170(1), Sierra Club and Climate Solutions (“Petitioners”) hereby move the Public Utility Commission of Oregon (“Commission”) to admit Noelia Gravotta to appear pro hac vice on behalf of Petitioners. Noelia Gravotta has associated with Jaimini Parekh, an attorney licensed to practice law and in good standing in the State of Oregon (OSB No. 226337), who will participate meaningfully in the matter.

Attached hereto is a certificate of compliance for pro hac vice admission for Noelia Gravotta, a certificate of the clerk of the Supreme Court of Washington indicating Noelia Gravotta is admitted to practice law in Washington and is in good standing, and a certificate of professional liability insurance.

WHEREFORE Petitioners respectfully request that the Commission grant pro hac vice admission to Noelia Gravotta for this proceeding.

Dated this 25th day of July, 2023.

Respectfully submitted,

/s/ Jaimini Parekh
Jaimini Parekh
Senior Attorney, OSB No. 226337
Jan Hasselman
Senior Attorney, WSBA No. 29107
(admitted pro hac vice)

Noelia Gravotta, WSBA No. 60089
(pro hac vice application pending)
Earthjustice
810 Third Avenue, Suite 610
Seattle, WA 98104
206-343-7340
jparekh@earthjustice.org
jhasselman@earthjustice.org
ngravotta@earthjustice.org

In re: Noelia Gravotta
Name of Out-of-State Attorney

Certificate of Compliance
For Pro Hac Vice Admission

I, Noelia Gravotta (print name), am an attorney in the State of Washington
and I intend to seek *pro hac vice* admission in accordance with ORS 9.241 and UTCR 3.170 in the following Oregon court action or proceeding:


Case Name: Avista Corporation Request for a General Rate Revision

Court: Public Utility Commission of Oregon Case No.: UG 461

I certify that (check all that apply):

- I am an attorney in good standing in the State of Washington, as evidenced by the attached good standing certificate issued by the licensing authority in that state.
 - I am not subject to any pending disciplinary proceedings in any jurisdiction; or
 - I am subject to pending disciplinary proceedings in another jurisdiction, the nature and status of which are described in an attachment to this certificate.
- I intend to associate in the above-referenced action or proceeding with Jaimini Parekh, OSB No. 226337, an active member in good standing of the Oregon State Bar, who will participate meaningfully in the matter.
- I will comply with applicable statutes, laws, and procedural rules of the State of Oregon; be familiar with and comply with disciplinary rules of the Oregon State Bar; and submit to the jurisdiction of the Oregon courts and Oregon State Bar with respect to acts and omissions occurring during my *pro hac vice* admission.
- My private law practice activities in Oregon are covered by professional liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan, as evidenced by the attached certificate of insurance coverage.
- I agree, as a continuing obligation of *pro hac vice* admission, to notify the trial court promptly of any changes in my insurance coverage, or my admission or disciplinary status in any other jurisdiction.
- I will provide to the Oregon State Bar a copy of the order admitting me *pro hac vice* in the above-referenced matter when such an order is granted. In the event *pro hac vice* admission is revoked for any reason, I will promptly notify the Oregon State Bar.
- I submit \$500 to the Oregon State Bar as payment of the *pro hac vice* fee established by ORS 9.241 and the rules of the Oregon Supreme Court. I acknowledge that this fee is for a period of twelve months from the date of the Acknowledgment of Receipt issued below, and that an additional fee of \$500 will be required in order for me to continue my *pro hac vice* admission in the matter for every twelve-month period thereafter.

Dated this 25th day of July, 20 23.

X 
(Applicant Signature)

Washington Bar No.: 60089
(Home Jurisdiction)

Mailing Address: Earthjustice
810 3rd Ave., Suite 610
Seattle, WA 98104

Phone: 206-343-7340
FAX: _____
Email: ngravotta@earthjustice.org

Acknowledgment of Receipt

As Director of Regulatory Services of the Oregon State Bar, I acknowledge receipt from the above-named out-of-state attorney of the Certificate of Compliance for Pro Hac Vice Admission and attachments, and the \$500 fee for pro hac vice appearance in the above-referenced Oregon action or proceeding. The fee is for a period of twelve months from the date of this acknowledgment.

Dated this _____ day of _____, 20 ____.

SEE MATERIALS ATTACHED:

Troy Wood, Regulatory Counsel

IN THE SUPREME COURT OF THE STATE OF WASHINGTON

IN THE MATTER OF THE ADMISSION)

OF)

NOELIA GRAVOTTA)

TO PRACTICE IN THE COURTS OF THIS STATE)

BAR NO. 60089

CERTIFICATE

OF

GOOD STANDING

I, Sarah R. Pendleton, Deputy Clerk of the Supreme Court of the State of Washington, hereby certify

NOELIA GRAVOTTA

was regularly admitted to practice as an Attorney and Counselor at Law in the Supreme Court and all the Courts of the State of Washington on October 18, 2022, and is now and has continuously since that date been an attorney in good standing, and has a current status of active.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Court on the 24th day of July, 2023.

A handwritten signature in blue ink, which appears to read "Sarah R. Pendleton".

Sarah R. Pendleton
Supreme Court Deputy Clerk
Washington State Supreme Court



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/14/23

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER COMPLETE EQUITY MARKETS INC 1190 Flex Court Lake Zurich, IL 60047	CONTACT NAME: PHONE (A/C, No. Ext): (847)541-0900		FAX (A/C, No): (847)541-0444
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : National Specialty Insurance Company			22608
INSURED EarthJustice 50 California Street Suite 500 San Francisco, CA 94111-4608	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Professional Liability			JQF932274	04/01/23	04/01/24	Each Claim Aggregate	\$3,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Subject to all policy terms, conditions, exclusions and endorsements of the policy.

This policy has a deductible of \$100,000 for Professional Liability, Social Engineering and Cyber Liability Coverage.

This policy has a deductible of \$5,000 for Personal Injury, Contempt Defense, Discovery Demand Defense and Injunctive Relief Coverage.

This policy has a deductible of \$500 for Disciplinary Proceedings Coverage.

CERTIFICATE HOLDER**CANCELLATION**

For Informational Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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