



January 30, 2024

VIA ELECTRONIC FILING

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

Re: UG 490: Motion for Pro Hac Vice Admission of Kristen L. Boyles by Coalition of Communities of Color, Climate Solutions, Verde, Columbia Riverkeeper, Oregon Environmental Council, Community Energy Project, and Sierra Club

Dear Filing Center,

Enclosed for filing in Docket No. UG 490, please find the Motion for Kristen L. Boyles to Appear Pro Hac Vice by Coalition of Communities of Color, Climate Solutions, Verde, Columbia Riverkeeper, Oregon Environmental Council, Community Energy Project, and Sierra Club. The filing attaches supporting documentation.

If you have 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 490**

In the Matter of	)	MOTION FOR KRISTEN L.
NORTHWEST NATURAL GAS COMPANY,	)	BOYLES TO APPEAR PRO HAC
dba NW NATURAL,	)	VICE BY COALITION OF
Request for a General Rate Revision.	)	COMMUNITIES OF COLOR,
	)	CLIMATE SOLUTIONS, VERDE,
	)	COLUMBIA RIVERKEEPER,
	)	OREGON ENVIRONMENTAL
	)	COUNCIL, COMMUNITY
	)	ENERGY PROJECT, and SIERRA
	)	CLUB

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In accordance with OAR 860-001-0320 and UTCR 3.170(1), Coalition of Communities of Color, Climate Solutions, Verde, Columbia Riverkeeper, Oregon Environmental Council, Community Energy Project, and Sierra Club (“Petitioners”) hereby move the Public Utility Commission of Oregon (“Commission”) to admit Kristen L. Boyles to appear pro hac vice on behalf of Petitioners. Kristen L. Boyles has associated with Carra L. Sahler, an attorney licensed to practice law and in good standing in the State of Oregon (OSB No. 024455), who will participate meaningfully in the matter.

Attached hereto is a certificate of compliance for pro hac vice admission for Kristen L. Boyles, a certificate of the clerk of the Supreme Court of Washington indicating Kristen L. Boyles 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 Kristen L. Boyles for this proceeding.

Dated this 30th day of January, 2024.

Respectfully submitted,

/s/ Kristen L. Boyles

Kristen L. Boyles, WBSA No. 23806  
(*pro hac vice application forthcoming*)  
Michael Mayer, WSBA No. 32135  
(*pro hac vice application forthcoming*)  
Noorulanne Jan, WBSA No. 61024  
(*pro hac vice application forthcoming*)

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810 Third Avenue, Suite 610  
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/s/ Carra Sahler

Carra Sahler  
Staff Attorney, OSB No. 024455  
Green Energy Institute at Lewis & Clark Law School  
10101 S. Terwilliger Blvd.  
Portland, OR 97219  
503-768-6634  
[sahler@lclark.edu](mailto:sahler@lclark.edu)

In re: Kristen L. Boyles  
Name of Out-of-State Attorney

Certificate of Compliance  
For Pro Hac Vice Admission

I, Kristen L. Boyles (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: NW Natural Request for General Rate Revision

Court: Oregon Public Utility Commission Case No.: UG 490

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 Carra L. Sahler, OSB No. 024455, 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 30th day of January, 20 24.

X Kristen L. Boyles  
(Applicant Signature)

Washington Bar No.: 23806  
(Home Jurisdiction)

Mailing Address: Kristen Boyles, Earthjustice  
810 Third Ave., Suite 610  
Seattle, WA 98104

Phone: (206) 343-7340  
FAX: \_\_\_\_\_  
Email: kboyles@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 )

KRISTEN L. BOYLES )

TO PRACTICE IN THE COURTS OF THIS STATE )

BAR NO. 23806

**CERTIFICATE**

**OF**

**GOOD STANDING**

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

**KRISTEN L. BOYLES**

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 June 21, 1994, 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 22<sup>nd</sup> day of January, 2024.

A handwritten signature in blue ink, appearing 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).

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

**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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$	
<b>A</b>	<b>Professional Liability</b>			<b>JQF932274</b>	<b>04/01/23</b>	<b>04/01/24</b>	<b>Each Claim Aggregate</b>	<b>\$3,000,000</b> <b>\$3,000,000</b>

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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