



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 Michael Mayer 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 Michael Mayer 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 MICHAEL MAYER
NORTHWEST NATURAL GAS COMPANY,)	TO APPEAR PRO HAC VICE BY
dba NW NATURAL,)	COALITION OF COMMUNITIES
Request for a General Rate Revision.)	OF COLOR, CLIMATE
)	SOLUTIONS, VERDE, COLUMBIA
)	RIVERKEEPER, OREGON
)	ENVIRONMENTAL COUNCIL,
)	COMMUNITY ENERGY PROJECT,
)	and SIERRA CLUB
)	

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 Michael Mayer to appear pro hac vice on behalf of Petitioners. Michael Mayer 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 Michael Mayer, a certificate of the clerk of the Supreme Court of Washington indicating Michael Mayer 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 Michael Mayer 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*)
Earthjustice
810 Third Avenue, Suite 610
Seattle, WA 98104
206-343-7340
kboyles@earthjustice.org
mmayer@earthjustice.org
njan@earthjustice.org

/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

In re: Michael Mayer
Name of Out-of-State Attorney

Certificate of Compliance
For Pro Hac Vice Admission

I, Michael Mayer (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 Michael Mayer
(Applicant Signature)

Washington Bar No.: 32135
(Home Jurisdiction)

Mailing Address: Michael Mayer, Earthjustice
810 Third Ave., Suite 610
Seattle, WA 98104

Phone: (206) 343-7340
FAX: _____
Email: mmayer@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)

MICHAEL MAYER)

TO PRACTICE IN THE COURTS OF THIS STATE)

BAR NO. 32135

CERTIFICATE

OF

GOOD STANDING

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

MICHAEL MAYER

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 April 10, 2002, 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 22nd day of January, 2024.

A handwritten signature in black 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).

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

Lawrence T.P. Molloy

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