BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON

In the Matter of

Investigation Into Resource Adequacy in Oregon.

Docket No. UM 2143

MOTION FOR ADMISSION OF *PRO HAC VICE* OF JUSTINA A. CAVIGLIA

Brandon J. Mark, an attorney licensed to practice law in the State of Oregon, hereby moves the Public Utility Commission ("Commission") to permit Justina A. Caviglia, Esq. to appear and participate as counsel for Walmart Inc. ("Walmart") in the above captioned matter. The reasons therefor are set forth in the attached Memorandum in Support.

DATED this 15th day of March, 2023.

PARSONS BEHLE & LATIMER

/s/ Brandon J. Mark

Brandon J. Mark, OR Bar No. 041613 201 South Main Street, Suite 1800 Salt Lake City, UT 84111 Telephone: 801-532-1234

Email: bmark@parsonsbehle.com

MEMORANDUM IN SUPPORT

Brandon J. Mark, an attorney licensed to practice law in the State of Oregon, hereby

moves the Commission to permit Justina A. Caviglia to appear and participate as counsel for

Walmart before this Commission in all proceedings in this matter. Justina A. Caviglia is a

licensed attorney in good standing in Nevada.

In support of this motion, attached is the Affidavit of Justina A. Caviglia, including a copy

of the Certificate of Good Standing from Nevada in which Ms. Caviglia is licensed and a certificate

of Liability Insurance verifying that Ms. Caviglia is insured.

WHEREFORE, I respectfully request that the Commission enter an order granting this

Motion for Admission Pro Hac Vice.

DATED this 15th day of March, 2023.

PARSONS BEHLE & LATIMER

/s/ Brandon J. Mark

Brandon J. Mark, OR Bar No. 041613 201 South Main Street, Suite 1800

Salt Lake City, UT 84111 Telephone: 801-532-1234

Email: bmark@parsonsbehle.com

BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON

In the Matter of

Investigation Into Resource Adequacy in Oregon.

Docket No. UM 2143

AFFIDAVIT OF JUSTINA A. CAVIGLIA

STATE OF NEVADA) ss. COUNTY OF WASHOE)

I, JUSTINA A. CAVIGLIA, being first duly sworn, depose and say:

- 1. My name is Justina A. Caviglia. I am an active member in good standing of the State Bar of Nevada, and my Nevada State Bar No. is 9999. I am not subject to any pending disciplinary proceedings in Nevada or in any other jurisdiction. I have attached a Certificate of Good Standing from the State Bar of Nevada as Attachment A.
- 2. If granted permission to practice before the Oregon Public Utility Commission ("Commission") in Docket No. UM 2143, I will associate in this matter with Brandon J. Mark, Oregon State Bar No. 041613. Mr. Mark, a shareholder at Parsons Behle & Latimer, and an active member of the Oregon State Bar, will participate meaningfully in Docket No. UM 2143.
- 3. I will comply with all applicable statutes, laws, and procedural rules of the State of Oregon; be familiar with and comply with the 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. I have attached my Certificate of Compliance for *Pro Hac Vice* Admission as Attachment B.

- 4. Included as Attachment C to this Affidavit is a copy of Parson Behle & Latimer's Certificate of Liability Insurance, which identifies me among the attorneys covered under such plan in Oregon.
- 5. I agree to notify this Commission of any changes in my insurance or status, as required by UTCR 31.70(1)(f).

DATED this 15th day of March, 2023.

JUSTINA A. CAVIGLIA

STATE OF NEVADA) ss. COUNTY OF WASHOE)

SUBSCRIBED and SWORN to before me by Justina A. Caviglia on this 15th day of March, 2023.

RONI L. SHAFFER

Notary Public - State of Nevada

Appointment Recorded in Washoe County

No: 99-36517-2 - Expires May 05, 2023

NOTARY PUBLIC

My Commission Expires: May 5, 2023

Attachment A

Attachment A

STATE BAR OF NEVADA

CERTIFICATE OF STANDING

Issue Date:

2/28/2023

Attorney Name:

Justina A. Caviglia

Neveda Bar Number:

9999

License Type:

ATTORNEY

License Status:

Active

Admit/Certification Date: 10/17/2006

To Whom It May Concern:

The State Bar of Nevada records indicate that the attorney named above was admitted or certified to practice in the State of Nevada and is in good standing as of the issue date.

If the attorney's License Type is NMATTORNEY (non-member attorney), they were certified to practice pursuant to Nevada Supreme Court Rule 49.1 'Limited practice certification for certain attorneys'. Refer to License Status for the subsection.

This certification expires 30 days from the issue date unless sooner revoked or rendered invalid by operation of rule or law.

Questions may be directed to memberservices@nvbar.org.

Mary Jorgensen

Member Services Director

No.2023 -10467541

verify by email at memberservices@nvbar.org



3100 W. Charleston Blvd. Suite 100 Las Vegas, NV 89102 phone 702.382.2200 toll free 800.254.2797 fax 702.382.2075

9456 Double R Blvd., Ste. B Reno, NV 89521-5977 phone 775.329.4100 fax 775.329.0522

www.nvbar.org

Attachment B

Attachment B

)
In re: Justina A. Caviglia) Certificate of Compliance
Name of Out-of-State Attorney) For <i>Pro Hac Vice</i> Admission
_{I.} Justina A. Caviglia	_(print name), am an attorney in the State of Nevada
and I intend to seek <i>pro hac vice</i> admission in accordance with OR proceeding:	S 9.241 and UTCR 3.170 in the following Oregon court action of
Case Name: Investigation into Resource	Adequacy in Oregon
Court: Oregon Public Utility Commissio	n Case No.: UM 2143
I certify that (check all that apply):	
I am an attorney in good standing in the State of Nevada certificate issued by the licensing authority in that state. I am not subject to any pending disciplinary proceedings in another.	any jurisdiction; or jurisdiction, the nature and status of which are described in an
I will comply with applicable statutes, laws, and procedural rule disciplinary rules of the Oregon State Bar; and submit to the jurisdic acts and omissions occurring during my pro hac vice admission. My private law practice activities in Oregon are covered by profestate Bar Professional Liability Fund plan, as evidenced by the attac I agree, as a continuing obligation of pro hac vice admission, to coverage, or my admission or disciplinary status in any other jurisdic I will provide to the Oregon State Bar a copy of the order admit order is granted. In the event pro hac vice admission is revoked for a submit \$500 to the Oregon State Bar as payment of the pro ha Supreme Court. I acknowledge that this fee is for a period of twelve below, and that an additional fee of \$500 will be required in order for every twelve-month period thereafter.	tion of the Oregon courts and Oregon State Bar with respect to fessional liability insurance substantially equivalent to the Oregon thed certificate of insurance coverage. In notify the trial court promptly of any changes in my insurance ction. It in the above-referenced matter when such an any reason, I will promptly notify the Oregon State Bar. It is vice fee established by ORS 9.241 and the rules of the Oregon months from the date of the Acknowledgment of Receipt issued
\mathbf{x}	Nevada Bar No.: 9999
(Applicant Signature)	(Home Jurisdiction)
Mailing Address: Justina A. Caviglia	Phone: 775-789-6559
50 W. Liberty Street, Suite 750	FAX: 775-348-7250
Reno, Nevada 89502	Email: jcaviglia@parsonsbehle.com
Acknowledgme	ent of Receipt
As Director of Regulatory Services of the Oregon State Bar, I acking Certificate of Compliance for Pro Hac Vice Admission and attachments, and Oregon action or proceeding. The fee is for a period of twelve months from	
Dated this, 20,	·
SEE MATERIALS ATTACHED:	Troy Wood, Regulatory Counsel

Attachment C

Attachment C



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/25/2022

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).

CONTACT

PRODUCER	1-	847-385-6800	CONTACT NAME: Rob Herchert						
Edgewood Partners Insurance Cente	er		PHONE DATE COOD FAX						
Lemme, a division of EPIC			E-MAIL						
111 West Campbell			ADDRESS: psgcerts@lemme.com						
4th Floor			INSURER(S) AFFORDING COVERAGE NAIC #						
Arlington Heights, IL 60005			INSURERA: Indian Harbor Insurance Company & Various						
INSURED			INSURER B:						
Parsons Behle & Latimer									
ZGZOOID ZGIZG G ZGGZIGZ			INSURER C:						
201 South Main St.			INSURER D:						
Suite 1800			INSURER E:						
Salt Lake City, UT 84111			INSURER F:						
COVERAGES CERTIFICATE NUMBER: 65198872 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	ADDLS			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT			
	INSD W	POLICY NUMBER		(INIINI/DU/YYYY)	(ININI/DU/YYYY)				
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	\$		
CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$		
						MED EXP (Any one person)	\$		
			1			PERSONAL & ADV INJURY	\$		
						GENERAL AGGREGATE	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:									
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$		
OTHER:							\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO						BODILY INJURY (Per person)	\$		
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS						PROPERTY DAMAGE			
HIRED NON-OWNED AUTOS ONLY						(Per accident)	\$		
							\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$. *	
OEANNO WINDE							\$		
DED RETENTION \$ WORKERS COMPENSATION						PER OTH-	D.		
AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below		1				E.L. DISEASE - POLICY LIMIT	\$		
A Professional Liability		LPN 9040963 02		04/24/22	04/24/23	Each Claim	1,000,0	000	
A FIOLESSIONAL HIADILITY				03,23,22	,,		1,000,0		
						Aggregate	1,000,0	000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CERTIFICATE HOLDER			CANC	CELLATION					
Parties at Interest				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						
,			Robert Hernant						