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**BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON**

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In the Matter of  
PUBLIC UTILITY COMMISSION OF  
OREGON,

Investigation Into Resource Adequacy in  
Oregon

Docket No. UM-2143

**MOTION FOR ADMISSION *PRO HAC*  
*VICE* OF VICKI M. BALDWIN**

Brandon J. Mark, an attorney licensed to practice law in the State of Oregon, hereby moves the Public Utility Commission (“Commission”) to permit Vicki M. Baldwin, 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 14th day of July, 2021.

/s/ Brandon J. Mark

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Brandon J. Mark, OSB #041613  
PARSONS BEHLE & LATIMER  
201 South Main Street, Suite 1800  
Salt Lake City, Utah 84111  
bmark@parsonsbehle.com  
801-532-1234

**MEMORANDUM IN SUPPORT**

Brandon J. Mark, an attorney licensed to practice law in the State of Oregon, hereby moves the Commission to permit Vicki M. Baldwin to appear and participate as counsel for Walmart before this Commission in all proceedings in this matter. Vicki M. Baldwin is a licensed attorney in good standing in Utah and Nevada. Copies of Certificates of Good Standing from each jurisdiction in which Ms. Baldwin is licensed and a certificate of Liability Insurance verifying that Ms. Baldwin is insured are attached.

WHEREFORE, I respectfully request that the Commission enter an order granting this Motion for Admission *Pro Hac Vice*.

DATED this 14th day of July, 2021.

/s/ Brandon J. Mark

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Brandon J. Mark, OSB #041613  
PARSONS BEHLE & LATIMER  
201 South Main Street, Suite 1800  
Salt Lake City, Utah 84111  
bmark@parsonsbehle.com  
801-532-1234

## ATTACHMENTS



# Oregon

Kate Brown, Governor

OFFICE OF ADMINISTRATIVE HEARINGS

PO Box 14020  
Salem, OR 97309  
(503) 947-1918  
FAX (503) 947-1920

In re: Vicki M. Baldwin ) **Certificate of Compliance**  
Name of Out-of-State Attorney ) **For Pro Hac Vice Admission**

I, Vicki M. Baldwin (print), am an attorney in the State of UT & NV, and I intend to seek *pro hac vice* admission in accordance with ORS 9.241, OAR 137-003-0550 and UTCR 3.170 in the following Office of Administrative Hearings proceeding:

Case Name: Public Utility Comm'n of OR Investigation into Resource Adequacy in OR  
Case No.: UM 2143 Agency Name Public Utility Comm'n

I certify that (check all that apply):

- I am an attorney in good standing in the State of Utah & Nevada, 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 proceeding with Brandon J. Mark, OSB No. 041613, 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 promptly notify the Agency and the Office of Administrative Hearings 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 this matter when such an order is granted. In the event *pro hac vice* admission is revoked, I will promptly notify the Oregon State Bar.
- I acknowledge this application is for a period of twelve months from the date of the approval and new application must be submitted to continue my *pro hac vice* admission in the matter for every twelve-month period thereafter.

Dated this 14<sup>th</sup> day of July, 2021.

**X** [Signature]  
(Applicant Signature)

Mailing Address: Parsons Behle & Latimer  
201 South Main, Suite 1800  
Salt Lake City, UT 84111

Utah Bar No.: 8532  
(Home Jurisdiction)  
Phone: 801-532-1234  
FAX: 801-536-6111  
Email: vbalwin@parsonsbehle.com

**APPLICATION APPROVAL STATUS:**  **APPROVED**  **NOT APPROVED**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

# ***CERTIFICATE OF GOOD STANDING***

\*This document expires 60 days from the date of issuance\*

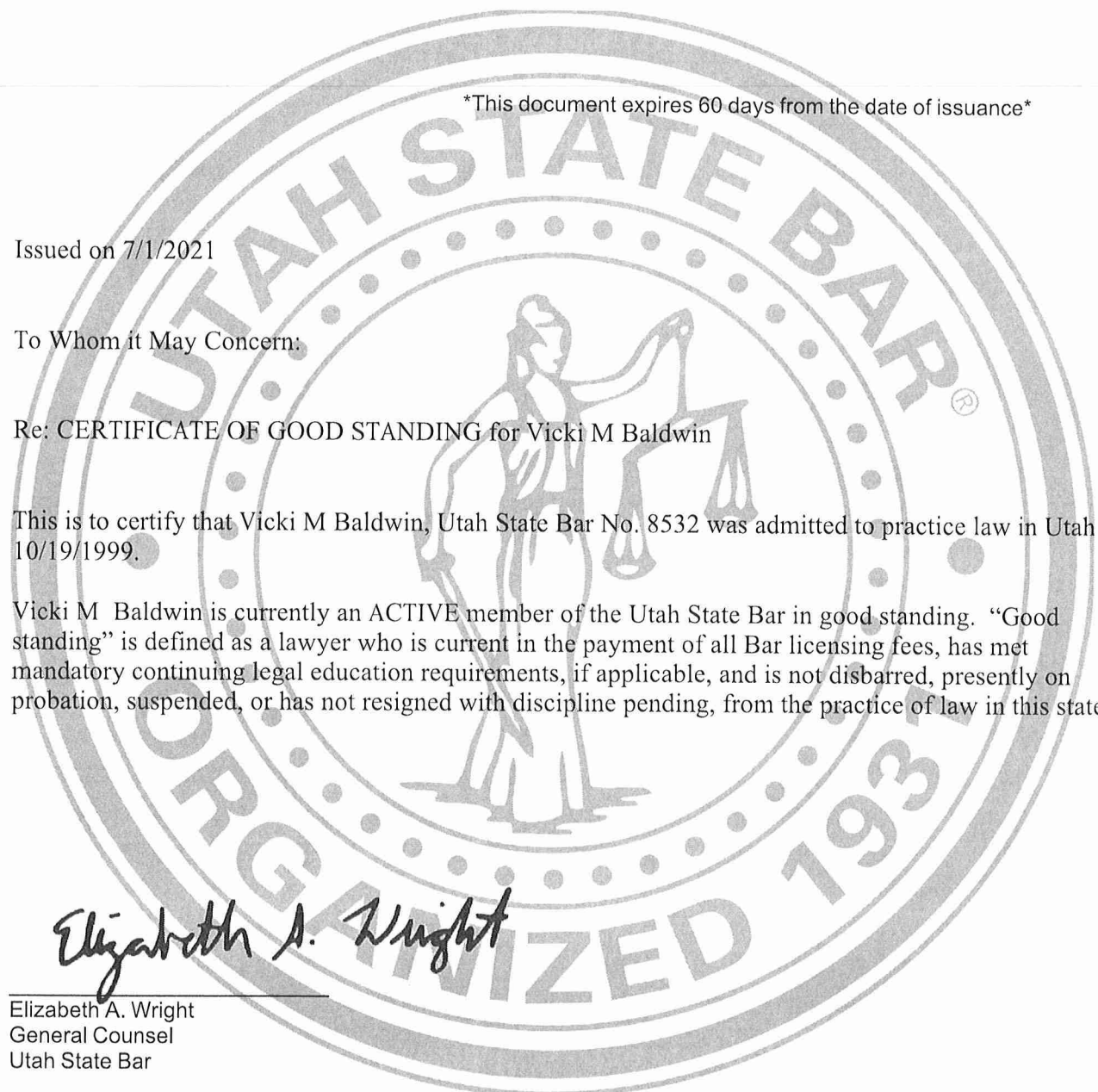
Issued on 7/1/2021

To Whom it May Concern:

Re: CERTIFICATE OF GOOD STANDING for Vicki M Baldwin

This is to certify that Vicki M Baldwin, Utah State Bar No. 8532 was admitted to practice law in Utah on 10/19/1999.

Vicki M Baldwin is currently an ACTIVE member of the Utah State Bar in good standing. "Good standing" is defined as a lawyer who is current in the payment of all Bar licensing fees, has met mandatory continuing legal education requirements, if applicable, and is not disbarred, presently on probation, suspended, or has not resigned with discipline pending, from the practice of law in this state.



*Elizabeth A. Wright*

Elizabeth A. Wright  
General Counsel  
Utah State Bar

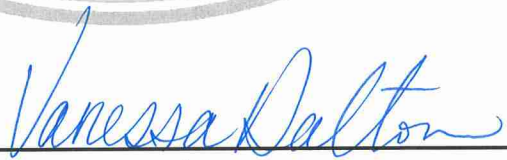
# *State Bar of Nevada*

## *Certificate of Good Standing*



*IT IS HEREBY CERTIFIED that Vicki Baldwin,  
Bar Number 11908 was admitted by the Supreme Court of the State of Nevada on  
10/07/2010 as an Attorney and Counselor at Law duly licensed to practice in all courts of  
the State of Nevada. It is further certified that Vicki Baldwin is now an  
Active member of the State Bar of Nevada in good standing.*

*DATED Wednesday, June 30, 2021.*

  
\_\_\_\_\_  
*Vanessa Dalton*  
Member Services Administrator  
State Bar of Nevada



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/20/2021

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> 1-847-385-6800 Edgewood Partners Insurance Center Lemme, a division of EPIC 111 West Campbell 4th Floor Arlington Heights, IL 60005		<b>CONTACT NAME:</b> Rob Herchert <b>PHONE (A/C, No, Ext):</b> 847-385-6800 <b>FAX (A/C, No):</b> <b>E-MAIL:</b> psgcerts@lemme.com <b>ADDRESS:</b>	
<b>INSURED</b> Parsons Behle & Latimer  201 South Main St. Suite 1800 Salt Lake City, UT 84111		<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: Indian Harbor Insurance Company & Various INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: 61985609 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<b>Professional Liability</b>			LPN 9040963 01	04/24/21	04/24/22	<b>Each Claim</b>	3,000,000
							<b>Aggregate</b>	3,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

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 Herchert*