

Davison Van Cleve PC

Attorneys at Law

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Suite 450
1750 SW Harbor Way
Portland, OR 97201

February 17, 2022

Via Electronic Filing

Public Utility Commission of Oregon
Attn: Filing Center
201 High St. SE, Suite 100
Salem OR 97301

Re: In the Matter of OREGON PUBLIC UTILITY COMMISSION,
Rulemaking Regarding Direct Access Including 2021 Requirements.
Docket No. AR 651

Dear Filing Center:

Please find enclosed the Motion of the Alliance of Western Energy Consumers to Admit Counsel *Pro Hac Vice* in the above-referenced docket. Also enclosed is the supporting Affidavit of Curt R. Ledford.

Thank you for your assistance. If you have any questions, please do not hesitate to call.

Sincerely,

/s/ Jesse O. Gorsuch
Jesse O. Gorsuch

Enclosures

BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON

AR 651

In the Matter of)
)
OREGON PUBLIC UTILITY COMMISSION,) MOTION OF THE ALLIANCE OF
) WESTERN ENERGY CONSUMERS
) TO ADMIT COUNSEL *PRO HAC VICE*
Rulemaking Regarding Direct Access Including)
2021 HB 2021 Requirements.)
_____)

Pursuant to UTCR 3.170 and OAR § 860-001-0320, the Alliance of Western Energy Consumers (“AWEC”) moves to admit Curt R. Ledford, a member in good standing of the Nevada State Bar, as counsel *pro hac vice* before the Oregon Public Utility Commission in the above-captioned proceeding.

In support of this motion, AWEC has attached the Affidavit of Curt R. Ledford, including Attachments A – C thereto.

Dated this 17th day of February, 2022.

Respectfully submitted,

DAVISON VAN CLEVE, P.C.

/s/ Corinne O. Milinovich

Corinne O. Milinovich
1750 SW Harbor Way, Suite 450
Portland, Oregon 97201
(503) 241-7242 (phone)
(503) 241-8160 (facsimile)
com@dvclaw.com
Of Attorneys for the
Alliance of Western Energy Consumers

**BEFORE THE PUBLIC UTILITY COMMISSION
OF OREGON**

AR 651

In the Matter of)	
)	
OREGON PUBLIC UTILITY COMMISSION,)	AFFIDAVIT OF
)	CURT R. LEDFORD
Rulemaking Regarding Direct Access Including)	
2021 HB 2021 Requirements.)	
_____)	

I, CURT R. LEDFORD, being first duly sworn on oath, depose and say:

1. My name is Curt R. Ledford. I am an active member in good standing of the State Bar of Nevada, and my Nevada State Bar No. is 9101. 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 Nevada Supreme Court as Attachment A.

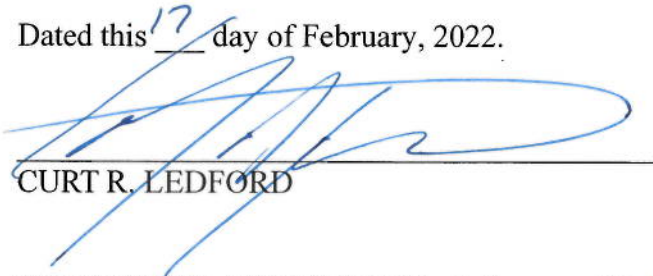
2. If granted permission to practice before the Oregon Public Utility Commission ("Commission") in Docket No. AR 651, I will associate in this matter with Corinne O. Milinovich, Oregon State Bar No. 194200. Ms. Milinovich, an associate at the firm of Davison Van Cleve, P.C. ("DVC"), and an active member in good standing of the Oregon State Bar, will participate meaningfully in Docket No. AR 651.

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.

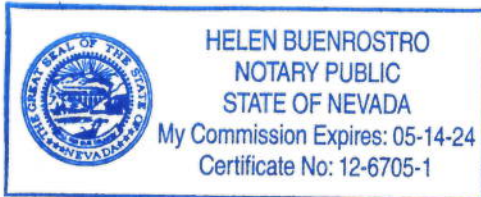
4. Included as Attachment C to this Affidavit is a copy of DVC's 2022 Professional Liability Fund ("PLF") Excess Coverage Plan, which identifies me among the attorneys covered under DVC's PLF Excess Coverage Plan in Oregon.

5. I agree to notify this Commission of any changes in my insurance or status, as required by UTCR 3.170(1)(f).

Dated this 17 day of February, 2022.


CURT R. LEDFORD

SUBSCRIBED AND SWORN to before me this 17 day of February, 2022.




Notary Public for Nevada

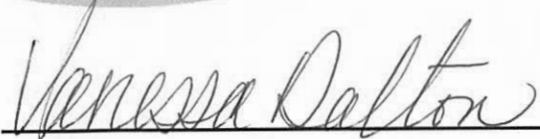
My Commission Expires: 5/14/24

State Bar of Nevada

Certificate of Good Standing



IT IS HEREBY CERTIFIED that **Curt R. Ledford**,
Bar Number 9101 was admitted by the Supreme Court of the State of Nevada on
10/20/2004 as an Attorney and Counselor at Law duly licensed to practice in all courts of
the State of Nevada. It is further certified that **Curt R. Ledford** is now an
Active member of the State Bar of Nevada in good standing.
DATED Tuesday, January 04, 2022.



Vanessa Dalton
Member Services Administrator
State Bar of Nevada



In re: Curt R. Ledford
Name of Out-of-State Attorney

**Certificate of Compliance
For Pro Hac Vice Admission**

I, Curt R. Ledford (print name), am an attorney in the State of Nevada
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: Rulemaking Regarding Direct Access Including 2021 HB 2021 Requirements

Court: Oregon Public Utility Commission Case No.: AR 651

I certify that (check all that apply):

- I am an attorney in good standing in the State of 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 action or proceeding with Corinne O. Milinovich, OSB No. 194200, 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 14th day of February, 20 22.

X

(Applicant Signature)

Nevada Bar No.: 9101
(Home Jurisdiction)

Mailing Address: Davison Van Cleve, PC
300 S. 4th Street, Suite 1400
Las Vegas, NV 89101

Phone: 725-735-1718
FAX: 503-241-8160
Email: crl@dvclaw.com

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/6/2022

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).

PRODUCER RiskPoint Insurance Advisors LLC 5285 Meadows Rd Suite 242 Lake Oswego OR 97035	CONTACT NAME: PHONE (A/C, No, Ext): 971-282-4304 FAX (A/C, No): 503-327-8145 E-MAIL ADDRESS: certificates@riskpointins.com														
INSURED Davison Van Cleve PC 1750 SW Harbor Way Suite 450 Portland OR 97201	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Indian Harbor Insurance Co</td> <td style="text-align: center;">36940</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Indian Harbor Insurance Co	36940	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES CERTIFICATE NUMBER: 1132449037 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 <input type="checkbox"/> 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			LPE 9044565 00	1/1/2022	1/1/2023	Per claim \$1,000,000 Aggregate Limit \$1,000,000

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

CERTIFICATE HOLDER Curt Ledford 1750 SW Harbor Way Suite 450 Portland OR 97201	CANCELLATION 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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