
BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON

In the Matter of

PACIFICORP d/b/a PACIFIC POWER,

Request for a General Rate Revision

Docket No. UE 399

**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 22nd day of March, 2022.

/s/ Brandon J. Mark

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 22nd day of March, 2022.

/s/ Brandon J. Mark

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

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 Tuesday, March 08, 2022.



*Vanessa Dalton
Member Services Administrator
State Bar of Nevada*

CERTIFICATE OF GOOD STANDING

This document expires 60 days from the date of issuance

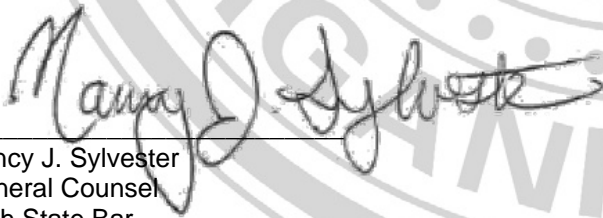
Issued on 3/7/2022

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.



Nancy J. Sylvester
General Counsel
Utah State Bar

No.2022 -962744
verify by email at cogsrequest@utahbar.org



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).

PRODUCER Edgewood Partners Insurance Center Lemme, a division of EPIC 111 West Campbell 4th Floor Arlington Heights, IL 60005	1-847-385-6800 CONTACT NAME: Rob Herchert PHONE (A/C, No, Ext): 847-385-6800 E-MAIL ADDRESS: psgcerts@lemme.com FAX (A/C, No):
INSURED Parsons Behle & Latimer 201 South Main St. Suite 1800 Salt Lake City, UT 84111	INSURER(S) AFFORDING COVERAGE 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
	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 \$ 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	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			LPN 9040963 01	04/24/21	04/24/22	Each Claim 3,000,000 Aggregate 3,000,000

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

CERTIFICATE HOLDER

Parties at Interest

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