

**BEFORE THE PUBLIC UTILITY COMMISSION
OF OREGON**

UM 1716

In the Matter of

PUBLIC UTILITY COMMISSION OF
OREGON,

Investigation to Determine the Resource
Value of Solar.

MOTION FOR ADMISSION
PRO HAC VICE

Pursuant to UTCR 3.170, I, Samuel J. Harvey move the Public Utility Commission of Oregon for an Order allowing my representation of The Alliance for Solar Choice (“TASC”) in the above captioned proceeding. This Motion is supported by the attached Affidavit of Samuel J. Harvey, Certificate of Standing from the State Bar of California, Certificate of Liability Insurance, and Certificate of Compliance for *Pro Hac Vice* Admission.

Joseph F. Wiedman is no longer representing TASC in the above captioned proceeding. Mr. Wiedman’s admission to appear *pro hac vice* expired on May 10, 2017.¹

Respectfully submitted this 19th day of June 2017.

/s/ Samuel J. Harvey

Samuel J. Harvey
KEYES & FOX LLP
436 14th Street, Suite 1305
Oakland, CA 94612
Telephone: (510) 788-2514
Email: sharvey@kfvlaw.com

Counsel to The Alliance For Solar Choice

¹ See Ruling, Disposition: Motion to Admit Counsel *Pro Hac Vice* Granted, UM 1716 (May 9, 2016).

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AFFIDAVIT OF SAMUEL J. HARVEY

Samuel J. Harvey, being duly sworn, deposes and states that the following is true to his personal knowledge and belief.

1. Samuel J. Harvey, counsel to The Alliance for Solar Choice ("TASC"), certifies that he is an attorney in good standing with the State Bar of California and that he is not subject to pending disciplinary proceedings in any other jurisdiction.
2. Samuel J. Harvey will associate with Kevin T. Fox, an active member in good standing of the Oregon State Bar, who will participate meaningfully in this proceeding. Mr. Fox's contact information is as follows:


Kevin T. Fox, OR Bar No. 052551
1580 Lincoln St. Suite 880
Denver, CO 80203
Telephone: (303) 658-0010
Email: kfox@kfwlaw.com
3. Samuel J. Harvey 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 the Oregon State Bar with respect to acts and omissions occurring during his admission in this proceeding.

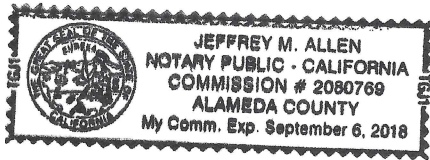
4. Samuel J. Harvey will notify the Public Utility Commission of Oregon promptly of any changes in his insurance or status.

DATED this 19th day of June, 2017


Samuel J. Harvey

Subscribed and sworn before me this 19 day of June, 2017


Notary Public, State of California
My commission expires 9/6/18





THE STATE BAR OF CALIFORNIA

MEMBER RECORDS & COMPLIANCE

180 HOWARD STREET, SAN FRANCISCO, CALIFORNIA 94105-1617

TELEPHONE: 888-800-3400

CERTIFICATE OF STANDING

April 18, 2017

TO WHOM IT MAY CONCERN:

This is to certify that according to the records of the State Bar, SAMUEL JOSEPH HARVEY, #299112 was admitted to the practice of law in this state by the Supreme Court of California on December 3, 2014; and has been since that date, and is at date hereof, an ACTIVE member of the State Bar of California; and that no recommendation for discipline for professional or other misconduct has ever been made by the Board of Trustees or a Disciplinary Board to the Supreme Court of the State of California.

THE STATE BAR OF CALIFORNIA

Dina DiLoreto
Custodian of Membership Records



CERTIFICATE OF LIABILITY INSURANCE

KEYES-1

OP ID: AC

DATE (MM/DD/YYYY)

01/12/2017

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 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
Ahern Insurance Brokerage
9655 Granite Ridge Dr., #500
San Diego, CA 92123
Susan B. Kilano

CONTACT NAME: Susan B. Kilano**PHONE (A/C, No, Ext):** 858-571-9030**FAX (A/C, No):** 858-571-9010**E-MAIL ADDRESS:** skilano@aherninsurance.com**INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** Aspen Specialty Insurance Co.**INSURER B:****INSURER C:****INSURER D:****INSURER E:****INSURER F:**

INSURED **Keyes & Fox, LLP**
436 14th Street, Suite 1305
Oakland, CA 94612

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						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Claims Made			LR004GH16	07/01/2016	07/01/2017	Per Claim 1,000,000
	Lawyers Prof Liab						Aggregate 2,000,000

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

Deductible: \$25,000 per claim

CERTIFICATE HOLDER**FOR REF****FOR REFERENCE ONLY****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*Susan B. Kilano*

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In re: Samuel J. Harvey

Name of Out-of-State Attorney

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

I, Samuel J. Harvey (print name), am an attorney in the State of California
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: Investigation to Determine the Resource Value of Solar

Court: Public Utility Commission of Oregon

Case No.: UM 1716

I certify that (check all that apply):

- ☒ I am an attorney in good standing in the State of California, 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 Kevin T. Fox, OSB No. 052551, 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 19th day of June, 20 17.

X [Signature]
(Applicant Signature)

California Bar No.: 299112
(Home Jurisdiction)

Mailing Address: Keyes & Fox LLP
436 14th Street Suite 1305
Oakland, CA 94612

Phone: (510) 788-2514
FAX: (510) 225-3848
Email: sharvey@kfwlaw.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:

Dawn Evans, Director of Regulatory Services