PO Box 14020 Salem, OR 97309 Solem, OR 97309 In re:Nexes, Governor Po Box 14020 Salem, OR 97309 In re:Nexes, Governor Po Box 14020 Salem, OR 97309 Po Box 14020 Salem, OR 97309 Po Box 14020 Solem, OR 97309 Po Box 14020 Solem, OR 97309 Po Box 1402 Po Box 14020 Solem, OR 97309 Porter Vice Admission for Office of Administrative Identification Sole Order of Administrative Hearings proceedings in an attachment to Dis certificate described in an attachment to this certificate. Horder filtered for peopletic Baix, and procedural reles of the State of Oregon te Box and comply with disciplinary proceedings in another jurisdiction; or elevel of the Oregon State Bar, who will participate meaningfally in the matter. How Professional Liability insurance substantially equivalent to the Oregon State Bar and submit to the jurisdiction of the Oregon State Bar, and submit to the participate meaningfally insurance substantially equivalent to the Oregon State Bar and submit to the urisdiction of the Administratice Harministrative Hearings of any charge wite adminsion Horegon State Bar acopy of the order ad	OF	\mathbf{O}		OFF	ICE OF ADMINISTRATIVE HEARINGS
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I certify that (check all that apply): I am an attorney in good standing in the State of, 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, OSB No,, 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 respect to acts and omissions occurring during my <i>pro hac vice</i> admission. I will comply with applicable statutes, laws, and proceed 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 <i>pro hac vice</i> 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 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 <i>pro hac vice</i> admission in the matter for every twelve-month period thereafter. Dated this day of, 20				RS 9.241, OAR 137-0	03-0550 and UTCR 3.170 in the following
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