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Docket #0342 Date Filed: 1/12/2017

UNITED STATES DISTRICT COURT DISTRICT OF OREGON

Security and Exchange Commission

Plaintiff(s),

APPLICATION FOR SPECIAL ADMISSION – PRO HAC VICE

Civil Case No. 16-cv-00438-PK

v.

Aequitas Management, LLC, et al.

Defendant(s).

Attorney Jennifer LaGrange

_requests special admission pro hac vice in

the above-captioned case.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the requirements of LR 83-3, and certify that the following information is correct:

(1) PERSONAL DATA:

| Name: | LaGrange | | Jennifer | | | |
|------------------------------|---------------|----------------------|----------|--------------|----------------|-------|
| | (Last Name) | (First Name) | | (MI) | (Suffix) | |
| Firm or | Business Affi | liation: Spertus, La | ndes & | Umhofer, LLP | | |
| | Address: | 1990 S. Bundy I | | | | |
| City: Los Angeles | | State: CA | | CA | _ Zip: | 90025 |
| Phone Number: (310) 826-4700 | | | | Fax Number: | (310) 826-4711 | |
| Busines | s E-mail Addr | ess:jennifer@spertu | slaw.c | om | | |

1600438170117000000000001

(2) BAR ADMISSIONS INFORMATION:

- (a) State bar admission(s), date(s) of admission, and bar ID number(s):
 California State Bar, 2005, SBN: 238984
- (b) Other federal court admission(s), date(s) of admission, and bar ID number(s):

(3) CERTIFICATION OF DISCIPLINARY ACTIONS:

- (a) ☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
- (b) I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

Per LR 83-3(a)(3), I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.

(5) **REPRESENTATION STATEMENT:**

I am representing the following party(s) in this case;

Weider Health & Fitness; Bruce Forman

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(6) CM/ECF REGISTRATION:

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (*See* the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this9th day of January , 2017

| Q. get | ſ | |
|---------------------|------------|------|
| Signalyre of Pro Ha | c Counsel) | |

Jennifer LaGrange

(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

| | DATED this 9th | day of <u>January</u> | , 2017 | | |
|----------|-------------------------|-----------------------|---------------------------|--------------------|----------|
| | | | AM | | |
| | | | (Signature of Local Couns | el) | |
| Name: | Mabe | | Joseph | | |
| | (Last Name) | | (First Nevre) | (MI) | (Suffix) |
| Oregon | State Bar Number: 04 | 5286 | | | |
| Firm or | Business Affiliation: B | rownstein Rask | ····· | ····· | |
| Mailing | Address: 1200 SW Ma | ain St. | | | |
| City: Po | ortland | | State: OR | Zip:97205 | |
| Phone N | Number: (503) 412-674 | 4 | Business E-mail Address: | jmabe@brownsteinra | sk.com |

COURT ACTION

Application approved subject to payment of fees. □ Application denied. 12th day of **DATED** this _____ \wedge Judge