Docket #0407 Date Filed: 4/17/2017

## UNITED STATES DISTRICT COURT DISTRICT OF OREGON

Civil Case No. <u>3-16-cv-438(</u>PK)

	and Exc	hange Commis	ssion_		PLICATION F MISSION – P.		
	Managen ndant(s).	nent, LLC, et. a	al				
Attor	<sub>ney</sub> <u>Jan</u>	et M. Doherty		rec	quests special a	dmissio	n <i>pro hac vice</i> in
he above-cap	otioned cas	se.					
	of LR 83-	ney Seeking <i>Pro I</i> 3, and certify that  DNAL DATA:					and the
	Name:	Doherty	Jar			<u>M</u>	
	(Last Name)		•	Name)		(MI)	(Suffix)
		Business Affiliat	non: <u>Decnert</u> 2929 Arch S				
	Mailing	g Address:	2929 AIGH 3	il eet			
	•	hiladelphia		State:	PA	_ Zip:	19104
	Phone Number: (215) 994-2614				Fax Number:	(215)	994-2222
Business E-mail Address: janet.doherty@dechert.com							



2)	BAR	BAR ADMISSIONS INFORMATION:						
	(a)	State bar admission(s), date(s) of admission, and bar ID number(s):						
		Pennsylvania, Oct. 2008, 208035						
		New York, Feb. 2016, 5398409						
	(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s):						
		Eastern District of Pennsylvania, June 2009, 208035						
)	CER	LIFICATION 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 ba association. (See attached letter of explanation.)						
)	CER	TIFICATION OF PROFESSIONAL LIABILITY INSURANCE:						
	equiv	R 83-3(a)(3), I have professional liability insurance, or financial responsibility alent to liability insurance, that meets the insurance requirements of the Oregon Bar for attorneys practicing in this District, and that will apply and remain in force duration of the case, including any appeal proceedings.						
	REPI	RESENTATION STATEMENT:						
		epresenting the following party(s) in this case:  f Janke						
	***							

(6	ົ	CM/ECF	REGISTR	ATION:
ι,	,,		TOTOTAL	TTT-0114

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.

## 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.

I	DATED this	14th	_ day of	April	, 2017		
					La	· Man	
					(Signature of Local	Counsel)	
Name: _	Bauman			Lor	i.	I.	
	Last Name)	_		(First )	Vame)	(MI)	(Suffix)
Oregon S	tate Bar Num	ber: <u>8</u>	71617				·
Firm or E	Business Affil	iation: <u>A</u>	ter Wy	ne LLP			
Mailing A	Address: <u>133</u>	Bl NW-I	ovejoy	Street, S	Suite 900 _		
City: Por	rtland				State: OR	Zip: <u>9720</u>	19
Phone Nu	mber: <u>(503</u>	3) 226-	1191	Bus	iness E-mail Addı	ess: <u>lib@aterwyn</u>	ne.com
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D	ATED this _	☐ App	lication d	enied.	ect to payment of	fees.	7
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