



Wayne Stenehjem
ATTORNEY GENERAL

STATE OF NORTH DAKOTA
OFFICE OF ATTORNEY GENERAL

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RECEIVED

October 27, 2010

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PUBLIC SERVICE COMMISSION

Scott Porsborg
PO Box 460
Bismarck, ND 58502-0460

Dear Mr. Porsborg:

I am pleased to appoint you as a special assistant attorney general for the State of North Dakota. The appointment is for the purpose of representing the Public Service Commission relating to Case No. AM-10-37.

Enclosed is an original Special Assistant Attorney General Appointment Agreement. Please review this agreement and if you find it to be in order, sign it and return it to my assistant, Liz Brocker. Also enclosed are an original Oath of Office and the policies relating to the appointment and debt collection practices in effect at this time. Please sign the Oath before a notary public and return the original Oath and the executed agreement.

I take this opportunity to remind you that you may not undertake work on behalf of a state agency or entity beyond the scope of your appointment. I also encourage you to work with the PSC to ensure timely reporting of your fees and expenses as required by N.D.C.C. § 54-12-13. The agency is required to report each month, even if no such expenses are incurred. If applicable to your appointment, I also draw your attention to the requirement to provide quarterly litigation status reports and to report any significant developments.

Thank you for representing the legal interests of the State of North Dakota. If you have any questions, please call Liz at (701) 328-2213.

Sincerely,

Wayne Stenehjem
Attorney General

Enclosures

cc: Ilona Jeffcoat-Sacco, PSC
Secretary of State

REPORT OF EXPENDITURES FOR SPECIAL ASSISTANT ATTORNEYS GENERAL

In accordance with Section 54-12-13 of the North Dakota Century Code, the following report is submitted for _____, 200_____.
(month) (year)

Reporting Agency/Board/Commission: _____

Section 1. Attorney Salary or Fee			
List each attorney, and the amount paid to the attorney in the month for which the report is completed. If reporting salary, do not include value of state employee retirement and other benefits. If reporting attorney fees also indicate hourly rate and/or flat fee. (Attach additional pages if needed)			
Attorney's Name	Monthly Salary - \$	Attorney Fees - \$	@ Hourly Rate - \$
Total Attorney Fees/Salary:			

Section 2. Other Expenses - Itemized	
(i.e. Support staff and paralegal salaries, business travel, copies, phone charges, postage, filing fees, etc.) (Attach additional pages if needed)	
Item	Amount-\$
Total, Itemized Expenses:	

Section 3. Total Expenditures	Amount-\$
A Total Section 1 (attorney fees/salary)	
B Total Section 2 (itemized expenses, including support staff salary)	
C Less Expenditures reimbursed by other state agency (if any)	
D TOTAL EXPENDITURES REPORTED (A + B - C)	

Report submitted by: _____

Title: _____

Date: _____