## WAIVER

## SUPREME COURT OF THE UNITED STATES

Supreme Court Case No. 19-322	
The Medical Center at Elizabeth Place, LLC	Atrium Health System, et al.
(Petitioner)	(Respondent)
I DO NOT INTEND TO FILE A RESPONSE to the p by the Court.	petition for a writ of certiorari unless one is requested
Please check the appropriate boxes:	
Please enter my appearance as Counsel of Rec	cord for all respondents.
☐ There are multiple respondents, and I do appearance as Counsel of Record for the follow	not represent all respondents. Please enter my wing respondent(s):
■ I am a member of the Bar of the Supreme Court  I am not presently a member of the Bar of this C will be filed by a Bar member.  Signature	of the United States.
Date: September 10, 2019	
(Type or print) Name Shay Dvoretzky	Mrs.   Miss
Address 51 Louisiana Ave. N.W.	
City & State Washington, D.C.	<sub>Zin</sub> 20001
202 870 3474	Email sdvoretzky@jonesday.com

A COPY OF THIS FORM MUST BE SENT TO PETITIONER'S COUNSEL OR TO PETITIONER IF *PRO SE.* PLEASE INDICATE BELOW THE NAME(S) OF THE RECIPIENT(S) OF A COPY OF THIS FORM. NO ADDITIONAL CERTIFICATE OF SERVICE IS REQUIRED.

CC: Mr. Richard A. Ripley