WAIVER

SUPREME COURT OF THE UNITED STATES

Supreme Court Case No. 20-249

Doug Ommen, in His Capacity as Liquidator of CoOportunity Health, et al.

(Petitioner)

(Respondent)

I DO NOT INTEND TO FILE A RESPONSE to the petition for a writ of certiorari unless one is requested by the Court.

Please check the appropriate boxes:

| Please enter | mv | annoaranco | 25 | Counsel | of | Record | for | 911 | rogn | ondente | a |
|---------------|----|------------|----|---------|----|--------|-----|-----|------|---------|----|
| r lease enter | my | appearance | as | Counser | 01 | necoru | 101 | an | resp | ondents | 5. |

There are multiple respondents, and I do not represent all respondents. Please enter my appearance as Counsel of Record for the following respondent(s):

☐ I am not presently a member of the Bar of this Court. Should a response be requested, the response will be filed by a Bar member.

| Signature <u>Reid</u> Ashringh Date: September 15, 2020 | | | | | | | |
|--|--|--|--|--|--|--|--|
| Date: September 15, 2020 | | | | | | | |
| (Type or print) Name Reid L. Ashinoff | | | | | | | |
| $\blacksquare Mr. \square Ms. \square$ |] Mrs. Miss | | | | | | |
| Firm Dentons US LLP | | | | | | | |
| Address 1221 Avenue of the Americas | | | | | | | |
| City & State New York, NY | | | | | | | |
| Phone (212) 768-6730 | _ _{Email} reid.ashinoff@dentons.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: Michael Thomas Raupp (via email: michael.raupp@huschblackwell.com)