WAIVER

SUPREME COURT OF THE UNITED STATES

Supreme Cour	rt Case No. <u>22-5091</u>		_
	v. Inc	liana	
(Petitioner)		(Responden	t)
I DO NOT INTEND TO FILE A R by the Court.	ESPONSE to the petitio	n for a writ of certiorari ur	nless one is requested
Please check one of the following	boxes:		
Please enter my appearance	e as Counsel of Record fo	or all respondents.	
☐ There are multiple responsible appearance as Counsel of R			s. Please enter my
I certify that I am a member of your name has changed since your		Court of the United Stat	tes (Please explain if
Signature Qolon T.	Graft/tm		
Date: August 12, 2022			
(Type or print) Name Aaron T. (—————————————————————————————————————	
Firm Office of the Attorney			
Address Indiana Governme	nt Center South, 302 W	V. Washington Street, Fit	fth Floor
City & State Indianapolis, I	N	Zip.	46204
Phone 317-232-4774			

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.

SEE REVERSE FOR INFORMATION CONCERNING THE STATUS OF A CASE ON THE DOCKET.

CC: John Alan Kindley