

W A I V E R

SUPREME COURT OF THE UNITED STATES

No. 24-708

Zafar Iqbal, MD

BPOA PA State Board of Medicine, et al.

(Petitioner)

V.

(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 box:

I am filing this waiver on behalf of all respondents.
 I only represent some respondents. I am filing this waiver on behalf of the following respondent(s):

CuraHealth Pittsburgh, LLC

Please check the appropriate box:

I am a member of the Bar of the Supreme Court of the United States. (Filing Instructions: File a signed Waiver in the Supreme Court Electronic Filing System. The system will prompt you to enter your appearance first.)
 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. (Filing Instructions: Mail the original signed form to: Supreme Court, Attn: Clerk's Office, 1 First Street, NE, Washington, D.C. 20543).

Signature:

Jill M. Lashay

Digitally signed by Jill M. Lashay
Date: 2025.01.08 08:52:31 -05'00'

Date:

1/8/25

(Type or print) Name

Jill M. Lashay

Mr.

Ms.

Mrs.

Miss

Firm

Buchanan Ingersoll & Rooney PC

Address

409 N. Second Street, Suite 500

City & State

Harrisburg, PA

Zip 17101

Phone

717-237-4856

Email jill.lashay@bipc.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 or cover letter is required.

cc:

Zafar Iqbal, MD

RECEIVED

JAN 15 2025

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SUPREME COURT, U.S.**