WAIVER

SUPREME COURT OF THE UNITED STATES

Supreme Court Case No. 18-545	
Brian E. Frosh, et al.	Association for Accessible Medicines
(Petitioner)	(Respondent)
I DO NOT INTEND TO FILE A RESPONSE to the Court.	he petition for a writ of certiorari unless one is requested
Please check the appropriate boxes:	
Please enter my appearance as Counsel of	Record for all respondents.
☐ There are multiple respondents, and I appearance as Counsel of Record for the fo	do not represent all respondents. Please enter my llowing respondent(s):
■ I am a member of the Bar of the Supreme Co I am not presently a member of the Bar of thi will be filed by a Bar member.	urt of the United States. is Court. Should a response be requested, the response
Ora Celle to / and	
Signature Jay Lellante / mon Date: November 5, 2018	
(Type or print) Name Jay P. Lefkowitz	
■ Mr. □ Ms. Firm Kirkland & Ellis LLP	☐ Mrs. ☐ Miss
Address 601 Lexington Avenue	
City & State New York, NY	_{2i} , 10022
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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.