WAIVER

SUPREME COURT OF THE UNITED STATES

| I DO NOT INTEND TO the Court. | itioner) | | | | | 23-1360 | | | | |
|---|--|-------------------|----------------------------------|-----------------|-----------------|------------|-------------------|--|--|--|
| I DO NOT INTEND TO the Court. | titioner) | | Mecklenburg | | | | | | | |
| the Court. | | | V. | | (Respondent) | | | | | |
| Dloogo aboolt the access | FILE A RI | ESPONSE to t | he petiti | on for a writ o | f certiorari ı | ınless one | e is requested by | | | |
| Please check the appr | opriate box | K: | | | | | | | | |
| O I am filing this | waiver on be | half of all respo | ondents. | | | | | | | |
| I only represent | some respon | ndents. I am fil | ing this | waiver on beha | alf of the foll | owing res | spondent(s): | | | |
| Γ. Anthony Mecklenbur | g and Cathe | rine Mecklenbu | urg | | | | | | | |
| Please check the appi | opriate box | K: | | | | | | | | |
| I am a member signed Waiver i your appearance | n the Supren | | | | | | | | | |
| I am not presen will be filed by a Attn: Clerk's Of | a Bar membe | er. (Filing Inst | ructions: | Mail the orig | inal signed i | | | | | |
| Signature: /s/ Sh | ay Dvoret | zky | | | | | | | | |
| Date: 7/31/2 | 024 | | | | | | | | | |
| Type or print) Name | shay Dvore | etzky | | | | | | | | |
| _ | • Mr. | O Ms. | | O Mrs. | O Miss | | | | | |
| Firm | Skadden, Arps, Slate, Meagher & Flom LLP | | | | | | | | | |
| Address 1440 I | 1440 New York Ave., NW | | | | | | | | | |
| City & State Washi | Washington, DC Zip 20005 | | | | | | | | | |
| Phone 202-37 | 71-7000 | | Email shay.dvoretzky@skadden.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.

Kannon K. Shanmugam
Jessica Moats Alloway
Robert Harding Palmer
Todd J. Timmermans