

**U.S. District Court for the Northern District Of Illinois
Attorney Appearance Form**

Case Title: JOSEPH LOVERA v. Wexford Case Number: 1:21-cv-06837
Health Sources, Inc., et al.

An appearance is hereby filed by the undersigned as attorney for:
Wexford Health Sources, Inc., Dr. Marlene Henze, Dr. Kul Sood, Dr. Kurt Osmundson
Attorney name (type or print): Victor F. Price

Firm: Connolly Krause LLC

Street address: 500 West Madison Street, Suite 3900

City/State/Zip: Chicago, IL 60661

Bar ID Number: 6313766
(See item 3 in instructions)

Telephone Number: (312) 466-7266

Email Address: vprice@cktrials.com

Are you acting as lead counsel in this case? Yes No

Are you acting as local counsel in this case? Yes No

Are you a member of the court's trial bar? Yes No

If this case reaches trial, will you act as the trial attorney? Yes No

If this is a criminal case, check your status.

Retained Counsel
 Appointed Counsel
If appointed counsel, are you
 Federal Defender
 CJA Panel Attorney

In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by local rules 83.12 through 83.14. I declare under penalty of perjury that the foregoing is true and correct. Under 28 U.S.C. §1746, this statement under perjury has the same force and effect as a sworn statement made under oath.

Executed on March 22, 2024

Attorney signature: S/ Victor F. Price
(Use electronic signature if the appearance form is filed electronically.)