IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

THE CLEVELAND CLINIC FOUNDATION 9500 Euclid Avenue Cleveland, OH 44195 and **CLEVELAND HEARTLAB, INC.,** 6701 Carnegie Avenue, Suite 500 Cleveland, OH 44103 Plaintiffs, v. **TRUE HEALTH DIAGNOSTICS LLC,** 737 North 5th Street, Suite 103 Richmond, VA 23219 Defendant.	Civil Action No. 1:17-cv-00198-LMB-IDD JURY TRIAL DEMANDED

AMENDED COMPLAINT FOR PATENT INFRINGEMENT

Plaintiffs The Cleveland Clinic Foundation ("CCF") and Cleveland HeartLab, Inc. ("CHL") (collectively, "CCF/CHL" or "Plaintiffs"), for their Complaint against True Health Diagnostics LLC ("True Health" or "Defendant"), allege as follows:

THE PARTIES

1. Plaintiff The Cleveland Clinic Foundation ("CCF") is a non-profit business organized and existing under the laws of the State of Ohio, with a principal place of business located at 9500 Euclid Avenue, Cleveland, Ohio 44195.

2. CCF is the owner of U.S. Patent No. 9,575,065 ("the '065 Patent"), entitled "Myeloperoxidase, A Risk Indicator For Cardiovascular Disease," which was duly and legally issued by the United States Patent and Trademark Office ("Patent Office") on February 21, 2017

(attached as Exhibit A).

3. CCF is the owner of U.S. Patent No. 9,581,597 ("the '597 Patent"), entitled "Myeloperoxidase, A Risk Indicator For Cardiovascular Disease," which was duly and legally issued by the United States Patent and Trademark Office ("Patent Office") on February 28, 2017 (attached as Exhibit B).

4. Plaintiff Cleveland HeartLab, Inc. ("CHL") is a corporation organized and existing under the laws of the State of Delaware, and has a principal place of business located at 6701 Carnegie Avenue, Suite 500, Cleveland, OH 44103.

5. CHL is the exclusive licensee of the '065 Patent and the '597 Patent.

6. CCF is a nationally-recognized top medical center in the United States and in the world. It is particularly well known for its advances in the treatment of cardiovascular disease ("CVD"). Indeed, CCF operates the No. 1-ranked heart program in the United States. CCF's cardiovascular practice is the largest in the United States.

7. CHL is a premier inflammation testing laboratory with the most experience in the field. It has received numerous awards and recognition for providing high quality testing, including the Ohio Edison Center's 2014 Crystal Award, the Ohio Venture Association's 2012 Ohio Venture of the Year, and the 2013 Nortech Innovation Award.

8. Defendant True Health Diagnostics LLC ("True Health") is a limited liability corporation organized and existing under the laws of the State of Delaware, with headquarters located at 6170 Research Road, Suite 211, Frisco, TX 75033.

9. True Health regularly does business in this judicial district and maintains and operates a substantial testing facility at 737 North 5th Street, Suite 103, Richmond, VA 23219.

A February 6, 2016 article on True Health's website describes True Health as "Richmond's newest major health care player."

10. True Health regularly performs in this district testing services that infringe the '065 Patent.

JURISDICTION AND VENUE

11. This action involves federal statutory questions and claims arising under the laws of the United States. This Court has jurisdiction over the subject matter of this action, without regard to the amount in controversy, pursuant to 35 U.S.C. § 271, *et. seq.* and 28 U.S.C. §§ 1331 and 1338.

12. Personal jurisdiction exists over the Defendant because Defendant has minimum contacts with this forum as a result of business regularly conducted or solicited within this district, and by committing and/or causing within this district the tort of patent infringement.

13. Venue is proper in this Court under 28 U.S.C. § 1391(b) and 28 U.S.C. § 1400(b). Defendant maintains and operates a substantial testing facility at 737 North 5th Street, Suite 103, Richmond, VA 23219 in this district and therefore satisfies the requirement of maintaining a regular and established business in this district. In addition, Defendant regularly performs testing services that infringe the '065 Patent at its testing facility located at 737 North 5th Street, Suite 103, Richmond, VA 23219 in this district and therefore satisfies the requirement that the wrongful acts giving rise to the Plaintiffs' claims are occurring in this district as alleged herein.

FACTUAL BACKGROUND

14. CVD is the number-one killer of both men and women in the United States.

15. Physicians rely on laboratory tests to diagnose disease, guide treatment, and manage patent health risks, and in particular, they use blood tests to diagnose CVD.

16. While cholesterol testing is most commonly used to identify CVD risk, approximately 50 percent of heart attack victims previously displayed normal cholesterol levels. Thus, there has been a glaring need for a test that is minimally invasive for the patient, easy to administer (like a cholesterol test), but that provides data better predictive of CVD risk.

17. Responding to this long-felt need in medicine, researchers at CCF developed a new approach for determining CVD risk that analyzes inflammation of the blood vessels by detecting the presence of myeloperoxidase ("MPO") free flowing in the blood stream. Inflammation is a symptom of CVD rather than a potential cause, and CCF determined that MPO is highly predictive of the risk of CVD.

18. Indeed, the CCF inventors discovered a new and highly innovative method for "seeing" MPO in the bloodstream, using analytical techniques that had never been used to detect MPO free flowing in blood for the purpose of predicting CVD. The inventors discovered that when MPO is detected in this manner, the resulting MPO value can be meaningfully compared to statistically-derived control values to predict the risk of CVD. CCF's innovative methods and techniques provide a reliable method for identifying patients at risk of developing CVD.

19. In order to protect its investment in this discovery, CCF filed several patent applications relating to MPO testing and helped organize a group of local and national investors and physicians to launch CHL in 2009 for the purpose of advancing MPO testing.

20. Since its inception, CHL has worked to create and expand the market for MPO testing services and products, to ensure proper use and quality of MPO testing and to continue MPO-related innovation. CHL's efforts have included ongoing medical and scientific studies, pursuit of FDA approvals and Medicare reimbursement status, development and implementation

of stringent manufacturing and quality standards, creation of dedicated educational programs, and assembling of a well-trained sales, marketing, and educational team.

21. CHL commercializes its MPO inventions by performing MPO tests directly for physicians and hospitals as well as offering MPO testing reagents and services to other laboratories so that they can perform the same high-quality testing directly for physicians and hospitals.

22. Some of these other labs send patients' blood samples to CHL for analysis. CHL also manufactures and sells high-quality MPO testing reagents that other labs use to perform their own testing. CHL's MPO testing customers include other well-known laboratories in the United States, all of whom have acknowledged the validity of CCF/CHL's intellectual property rights.

23. In order to ensure quality control, CHL imposes strict procedures for blood sample collection and has the right to reject any specimens that are not properly collected.

TRUE HEALTH ACQUIRES HEALTH DIAGNOSTICS LAB AND BEGINS MPO TESTING

24. In July 2010, CHL entered into a "Laboratory Services Agreement" with Health Diagnostics Lab ("HDL"), a laboratory services company. Under the Laboratory Services Agreement, CHL provided MPO testing services and reagents.

25. During the summer of 2014, Chris Grottenthaler, CEO of Defendant True Health, contacted CHL to discuss the potential purchase of MPO testing services and/or reagents from CHL. True Health's CEO subsequently visited CHL for further discussions, but no agreement was ever reached.

26. In June of 2015, HDL filed for bankruptcy. Shortly thereafter, HDL put its assets up for sale via auction.

27. In July 2015, True Health placed a bid in the HDL bankruptcy auction for certain HDL assets. In its bid, True Health expressly excluded CHL's Laboratory Services Agreement with HDL for MPO testing. The bankruptcy court approved True Health's bid on or about September 16, 2015.

28. On or about September 14, 2015, CHL's CEO Jake Orville wrote to True Health warning that any sale of MPO testing without authorization from CHL would violate CHL's patent rights. True Health never responded to this letter.

29. To enforce their intellectual property rights in MPO testing technology, CCF and CHL sued True Health on November 12, 2015 for infringement of certain patents owned by CCF. The lower court found that three of those patents—issued before the United States Supreme Court decided *Mayo Collaborative Servs. v. Prometheus Labs., Inc*., 132 S.Ct. 1289 (2012) and *Alice Corp. Pty. Ltd v. CLS Bank International*, 134 S.Ct. 2347 (2014)—claimed ineligible subject matter under 35 U.S.C. § 101 ("Section 101"), and the case was dismissed. That ruling is currently being reviewed on appeal by the Court of Appeals for the Federal Circuit. *See Cleveland Clinic Foundation v. True Health Diagnostics LLC*, Appeal No. 16-1766.

THE '065 PATENT CLAIMS A NOVEL AND PATENT-ELIGIBLE METHOD FOR DETECTING MPO TO PREDICT CVD

30. On February 21, 2017, the U.S. Patent and Trademark Office ("USPTO") issued the '065 Patent.

31. The '065 Patent includes one claim:

> 1. A method of detecting elevated MPO mass in a patient sample comprising:
>
> a) obtaining a plasma sample from a human patient having atherosclerotic cardiovascular disease (CVD); and
>
> b) detecting elevated MPO mass in said plasma sample, as compared to a control MPO mass level from the general population or apparently healthy subjects, by

> contacting said plasma sample with anti-MPO antibodies and detecting binding between MPO in said plasma sample and said anti-MPO antibodies.

32. The USPTO thoroughly reviewed claim 1 of the '065 Patent for compliance with the patentability requirements, including Section 101 in light of the *Mayo* and *Alice* decisions. The Examiner initially rejected the claim on Section 101 grounds, but the applicant overcame this rejection by showing that (a) the claim was not "*directed* toward" an allegedly abstract idea, (b) the claim language tracked "Claim 1 from Example 29 of the USPTO Subject Matter Eligibility Examples," which is part of the guidelines that the USPTO issued to its examiners to ensure that the examiners follow the Supreme Court's rulings in those cases, and (c) "it is not well-understood, routine, or conventional to *detect elevated* MPO levels in *plasma* from a subject having *atherosclerotic* CVD." (Applicant's Response to Office Action Mailed July 27, 2016, Serial No. 15/135,730, at C000166, attached as Exhibit C.)

33. A copy of the "USPTO Subject Matter Eligibility Examples" is attached as Exhibit D.

34. In its Reasons for Allowance, the USPTO explained its reasons for withdrawing the Section 101 rejection:

> The claims are drawn to a method of detecting elevated MPO mass in a plasma sample from a human patient having atherosclerotic CVD.
>
> Applicant's argument with respect to eligibility of the claim under the current USPTO life science subject matter eligibility examples (i.e., example 29, claim 1) at pp. 9-10 of the response is considered persuasive. **The current claim does not recite or describe any recognized exemption; the claim only recites obtaining a plasma sample from a human patient having atherosclerotic CVD and detected elevated MPO mass in the sample using anti-MPO antibodies.**

(Notice of Allowability, Serial No. 15/135,730, at C0000261 (Exhibit C).)

35. Thus, the '065 Patent claims patent-eligible subject matter and tracks the USPTO guidelines for properly claiming eligible subject matter.

36. The USPTO also examined the application of the ’065 Patent in light of the prior art, finding that the invention claimed in the ’065 Patent is novel and innovative:

> The closest prior art was regarded to be Daugherty [(]J. Clin. Invest., 94, 1994), which has been discussed in the prior OA. However and as noted in applicant's response at p. 4, Daugherty teaches that MPO was localized to atherosclerotic lesions. Applicant has noted several other references (Malle and Sugiyama) which further support that long after Daugherty was published, those of skill in the art believed that MPO was localized to atherosclerotic plaques (see p. 5 of the response). The question thus becomes whether one of ordinary skill in the art given the teachings of Daugherty that MPO is localized to atherosclerotic plaques would be motivated to detect for its elevation in a plasma sample as currently claimed. The other references recited in the prior OA do not appear to provide for the necessary motivation. Faymonville teaches that MPO gets elevated as a result of cardio pulmonary bypass and that this MPO concentration can be measured using a radio-immunological technique. However, Faymonville does not teach obtaining a plasma sample from a human patient having atherosclerotic and detecting MPO elevation in these types of subjects as currently claimed. Importantly as noted by applicant at p. 7 of the response, Faymonville indicates that, prior to surgery, the surgery patients had normal levels of MPO, thereby discouraging one of skill in the art from wanting to detect MPO in plasma from a patient population having elevated levels of MPO, such as the atherosclerotic CVD patient population currently claimed. Deby-Dupont is no further avail because Deby-Dupont only teaches the design of an RIA for equine neutrophil MPO in plasma from horses and showing that in horses with obstructive intestinal pathology, abnormal MPO concentrations were measured (abstract).
>
> Accordingly, claim 33 is deemed allowable.

(Notice of Allowability, Serial No. 15/135,730, at C0000261-262 (Exhibit C).)

THE ’597 PATENT CLAIMS A NOVEL AND PATENT-ELIGIBLE METHOD FOR DETECTING MPO TO PREDICT CVD

37. On February 28, 2017, the USPTO issued the ’597 Patent.

38. The ’597 Patent includes two claims:

> 1. A method for identifying an elevated myeloperoxidase (MPO) concentration in a plasma sample from a human subject with atherosclerotic cardiovascular disease comprising:
>
> a) contacting a sample with an anti-MPO antibody, wherein said sample is a plasma sample from a human subject having atherosclerotic cardiovascular disease;

b) spectrophotometrically detecting MPO levels in said plasma sample;

c) comparing said MPO levels in said plasma sample to a standard curve generated with known amounts of MPO to determine the MPO concentration in said sample; and

d) comparing said MPO concentration in said plasma sample from said human subject to a control MPO concentration from apparently healthy human subjects, and identifying said MPO concentration in said plasma sample from said human subject as being elevated compared to said control MPO concentration.

2. The method of Claim 1, further comprising, prior to step a), centrifuging an anti-coagulated blood sample from said human subject to generate said plasma sample.

39. The USPTO thoroughly reviewed the claims of the '597 Patent for compliance with the patentability requirements, including Section 101 in light of the *Mayo* and *Alice* decisions. The Examiner initially rejected the claim on Section 101 grounds, but the applicant overcame this rejection by showing that (a) the claim was not "*directed* toward" an allegedly abstract idea, (b) the claim language tracked "Claim 1 from Example 29 of the USPTO Subject Matter Eligibility Examples," which is part of the guidelines that the USPTO issued to its examiners to ensure that the examiners follow the Supreme Court's rulings in those cases (Exhibit D), and (c) "it is not well-understood, routine, or conventional to *identify elevated* MPO levels in *plasma* from a subject having *atherosclerotic* CVD." (Applicant's Response to Office Action Mailed July 26, 2016, Serial No. 15/135,757, at C0000492-494, attached as Exhibit E.)

40. In its Reasons for Allowance, the USPTO explained its reasons for withdrawing the Section 101 rejection:

> The claims are drawn to a method of detecting elevated MPO mass in a plasma sample from a human patient having atherosclerotic CVD.
>
> Applicant's argument with respect to eligibility of the claim under the current USPTO life science subject matter eligibility examples (i.e., example 29, claim 1) at pp. 9-10 of the response is considered persuasive. While the claims are

> directed to an abstract idea which is comparing MPO concentration in a plasma sample to a control, the claims are found to amount to significantly more than the judicial exception because the steps of a) contacting a plasma sample from a human subject having atherosclerotic CVD with an anti-MPO antibody and , spectrophotometrically detecting MPO levels in said plasma sample were routinely and conventionally engaged by one of skill in the art at the time the invention was made. In other words, **while detecting MPO with an antibody and spectrophotometrically detecting MPO levels was known, said detecting steps were not routinely or conventional used to detect MPO levels in plasma samples from human subjects having atherosclerotic CVD.**

(Notice of Allowability, Serial No. 15/135,757, at C0000588 (Exhibit E).)

41. Thus, the '597 Patent claims patent-eligible subject matter and tracks the USPTO guidelines for properly claiming eligible subject matter.

42. The USPTO also examined the application of the '597 Patent in light of the prior art, finding that the invention claimed in the '597 Patent is novel and innovative:

> The closest prior art was regarded to be Daugherty [(]J. Clin. Invest., 94, 1994), which has been discussed in the prior OA. However and as noted in applicant's response at p. 4, Daugherty teaches that MPO was localized to atherosclerotic lesions. Applicant has noted several other references (Malle and Sugiyama) which further support that long after Daugherty was published, those of skill in the art believed that MPO was localized to atherosclerotic plaques (see p. 5 of the response). The question thus becomes whether one of ordinary skill in the art given the teachings of Daugherty that MPO is localized to atherosclerotic plaques would be motivated to detect for its elevation in a plasma sample as currently claimed. The other references recited in the prior OA do not appear to provide for the necessary motivation. Faymonville teaches that MPO gets elevated as a result of cardio pulmonary bypass and that this MPO concentration can be measured using a radio-immunological technique. However, Faymonville does not teach obtaining a plasma sample from a human patient having atherosclerotic and detecting MPO elevation in these types of subjects as currently claimed. Importantly as noted by applicant at p. 7 of the response, Faymonville indicates that, prior to surgery, the surgery patients had normal levels of MPO, thereby discouraging one of skill in the art from wanting to detect MPO in plasma from a patient population having elevated levels of MPO, such as the atherosclerotic CVD patient population currently claimed. Deby-Dupont is no further avail because Deby-Dupont only teaches the design of an RIA for equine neutrophil MPO in plasma from horses and showing that in horses with obstructive intestinal pathology, abnormal MPO concentrations were measured (abstract).
>
> Accordingly, claims 29 and 323 are deemed allowable.

(Notice of Allowability, Serial No. 15/135,757, at C0000588-589 (Exhibit E).)

DEFENDANT'S INFRINGING ACTIVITIES

43. True Health performs in this district and elsewhere in the United States MPO testing that directly infringes the '065 Patent and the '597 Patent.

44. True Health obtains products that it uses in conducting MPO testing from Diazyme Laboratories ("Diazyme"). (See http://www.diazyme.com/Websites/diazyme/images/products/pdf/data_sheets/MK050-MPO-Assay-051115.pdf, copy attached as Exhibit F.)

45. True Health infringes the '065 Patent and the '597 Patent by performing MPO testing using products from Diazyme.

46. The Diazyme myeloperoxidase assay detects elevated MPO mass in a patient sample. (*See* http://www.diazyme.com/myeloperoxidase-mpo, copy attached as Exhibit G.)

47. True Health obtains plasma samples from human patients having atherosclerotic cardiovascular disease (CVD).

48. On information and belief, in some instances, True Health centrifuges anti-coagulated blood samples from human subjects to generate plasma samples.

49. On information and belief, True Health also directs and controls the act of centrifuging anti-coagulated blood samples from human subjects to generate plasma samples by instructing its customers (i.e., physicians and laboratories that draw patient blood samples) to centrifuge anti-coagulated blood samples from human subjects to generate plasma samples before sending plasma samples to True Health for MPO testing.

50. On information and belief, True Health provides directions and/or instructions to its customers regarding how to centrifuge anti-coagulated blood samples from human subjects to generate plasma samples. In some instances, True Health provides centrifuge machines to its

customers and instructs them to use those machines to generate the plasma samples that True Health tests for MPO.

51. On information and belief, True Health requires its customers to provide centrifuged plasma samples to True Health as a condition for True Health to perform MPO Testing.

52. On information and belief, True Health dictates the manner and timing of the MPO Testing by requiring its customers to provide centrifuged plasma samples to True Health.

53. True Health detects elevated MPO mass in those plasma samples, as compared to a control MPO mass level from the general population or apparently healthy subjects. (*See* Exhibit F at 2; Exhibit G.)

54. True Health detects MPO in the patient samples by contacting a plasma sample with anti-MPO antibodies and detecting binding between MPO in said plasma sample and said anti-MPO antibodies. The Diazyme myeloperoxidase assay is based on a latex enhanced immunoturbidimetric assay, wherein MPO proteins in the sample bind to the specific anti-MPO antibody, which is coated on latex particles, and causes agglutination. (*See* Exhibit G.)

55. The degree of turbidity caused by the agglutination is measured optically (*i.e.,* spectrophotometrically) and is proportional to the amount of MPO in the plasma sample. (*See* Exhibit G.)

56. True Health compares its test results to a standard curve generated with known amounts of MPO to determine the concentration of MPO in the sample because the instrument calculates the MPO concentration of a patient specimen by interpolation of the obtained signal of a 6-point calibration curve. (*See* Exhibit G.)

57. The test results provided by True Health include blood samples from patients having CVD where MPO has been detected in the sample. Such test results further show the detected MPO level as elevated when compared to an MPO risk threshold denoted to determine CVD risk. (*See* Exhibit F at 2.)

58. Such test results also show the detected MPO level as elevated when compared to a control MPO concentration from apparently healthy human subjects. (*See* Exhibit F at 2.)

59. True Health directly competes with CCF/CHL in the MPO Testing market.

60. True Health's actions have caused damage and injury to CCF and CHL and the consuming public. Its actions continue to threaten irreparable harm for which there is no adequate remedy of law, and for which principles of equity require that Defendant be enjoined from its unlawful activity.

COUNT ONE - PATENT INFRINGEMENT
Infringement of U.S. Patent No. 9,575,065

61. Plaintiffs reallege, adopt, and incorporate by reference the allegations included within paragraphs 1 through 60 as if fully set forth herein.

62. The USPTO thoroughly examined the '065 Patent. It is currently in effect and presumed valid.

63. True Health directly infringes the '065 Patent under 35 U.S.C. § 271(a) by using MPO test products and performing and/or selling MPO testing services that practice the method(s) claimed in the '065 Patent. True Health will continue to infringe unless enjoined by this Court.

64. As a result of True Health's infringement of the '065 Patent, CCF and CHL have suffered monetary damages in amounts not yet determined, and will continue to suffer irreparable harm in the future unless this Court enjoins True Health's infringing activities.

65. CCF and CHL will be greatly and irreparably harmed unless this Court permanently enjoins True Health and their agents, servants, employees, attorneys, representatives, and all others acting on their behalf from infringing the ’065 Patent.

COUNT TWO - PATENT INFRINGEMENT
Infringement of U.S. Patent No. 9,581,597

66. Plaintiffs reallege, adopt, and incorporate by reference the allegations included within paragraphs 1 through 65 as if fully set forth herein.

67. The USPTO thoroughly examined the ’597 Patent. It is currently in effect and presumed valid.

68. True Health directly infringes the ’597 Patent under 35 U.S.C. § 271(a) by using MPO test products and performing and/or selling MPO testing services that practice the method(s) claimed in the ’597 Patent. True Health performs each of the steps of the claimed methods itself or in concert with customers who act under True Health’s direction or control. True Health, alone or in concert with its customers, will continue to infringe unless enjoined by this Court.

69. As a result of True Health’s infringement of the ’597 Patent, CCF and CHL have suffered monetary damages in amounts not yet determined, and will continue to suffer irreparable harm in the future unless this Court enjoins True Health’s infringing activities.

70. CCF and CHL will be greatly and irreparably harmed unless this Court permanently enjoins True Health and their agents, servants, employees, attorneys, representatives, and all others acting on their behalf from infringing the ’597 Patent.

PRAYER FOR RELIEF

Accordingly, CCF and CHL respectfully request the following relief:

(a) Judgment for CCF and CHL against True Health on all claims asserted herein;

(b) Permanent injunctive relief enjoining True Health and its agents, servants, employees, attorneys, representatives, affiliates, and all others acting on its behalf or in active concert or participation with them from infringement of the ’065 Patent;

(c) Permanent injunctive relief enjoining True Health and its agents, servants, employees, attorneys, representatives, affiliates, and all others acting on its behalf or in active concert or participation with them from infringement of the ’597 Patent;

(d) Damages to which CCF and CHL are entitled, including without limitation as provided under 35 U.S.C. § 284;

(e) Actual, statutory, and compensatory damages as proven at trial;

(f) Pre-judgment and post-judgment interest;

(g) That the Court find that this is an exceptional case within the meaning of 35 U.S.C. § 285;

(h) CCF and CHL’s costs, expenses, and reasonable attorneys’ fees and litigation expenses incurred in this action;

(i) Such other relief as the Court may deem just and proper.

JURY DEMAND

Plaintiffs request a trial by jury on their Complaint against Defendant True Health Diagnostics LLC.

Dated: February 28, 2017

Respectfully submitted,

/s/ Tara Lynn R. Zurawski

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Counsel for Plaintiffs
The Cleveland Clinic Foundation and
Cleveland HeartLab, Inc.

CERTIFICATE OF SERVICE

I certify that on February 28, 2017, a copy of the foregoing was filed electronically with the Clerk of Court using the ECF system. A copy of this filing will be served on Defendant by delivering the copy by hand delivery to Defendant's registered agent at:

Capitol Corporate Services Inc.
10 S. Jefferson Street, Suite 1400
Roanoke, Virginia 24011

Dated: February 28, 2017

/s/ Tara Lynn R. Zurawski
_____
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