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## Office of the Clerk UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT P.O. Box 193939

Molly C. Dwyer Clerk of Court San Francisco, California 94119-3939

(415) 355-8000

## NOTICE OF APPEARANCE OF COUNSEL or RE-ASSIGNMENT OF COUNSEL WITHIN THE SAME OFFICE

**NOTE:** For readability and security, print the filled-in form to PDF (*File* > *Print* > *PDF Printer/Creator*). You may also fill in the form, print it, and then scan the filled-in form to a PDF file.

9th Circui	t Case Number(s) 17-56081		
Case Nam	e: Virginia Duncan v. Xavier Becerra		
List the na	District of Columbia; Connecticut, Delaware, Hawaii, Illinois, Iowa, Maryland, Massachusetts, New York, Oregon, Rhode Island, Virginia, and		
	☐ Appellant ☐ Petitioner ☐ Amicus Curiae ☐ Appellant/Cross-Appellee		
	☐ Appellee ☐ Respondent ☐ Intervenor ☐ Appellee/Cross-Appellant		
Defe	is case has been re-assigned to you from another attorney in your office (i.e., the Federal Public enders Office, OIL, or a law firm), indicate who you are replacing. Provide the name of counsel only attorney is no longer on the case.  I am replacing (name of counsel):		
Name	Sonya L. Lebsack		
Firm/ Office	Office of the Solicitor General for the District of Columbia		
Address	441 4th Street, NW, Suite 600S		
City	Washington State DC Zip Code 20001		
Email	sonya.lebsack@dc.gov Re-enter Email sonya.lebsack@dc.gov		
Phone Nu	mber (including area code) 202-724-5667		
Signature (use "s/" fo	/s/ Sonya L. Lebsack Date 10/19/17		

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9th Circuit Case Number(s)	17-56081
	ecurity, print the filled-in form to PDF (File > Print > PDF Printer/Creator). In the form, print it, and then scan the filled-in form to a PDF file.
**********	*********************
	CERTIFICATE OF SERVICE
When All Case 1	Participants are Registered for the CM/ECF System
	onically filed the foregoing with the Clerk of the Court for the eals for the Ninth Circuit by using the CM/ECF system
on (date) 10/19/17	. • i
I certify that all participants accomplished by the CM/E0	in the case are registered CM/ECF users and that service will be CF system.
Signature (use "s/" format)	/s/ Sonya L. Lebsack
********	******************
	CERTIFICATE OF SERVICE
When Not All Cas	e Participants are Registered for the CM/ECF System
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on (date)	
Participants in the case who CM/ECF system.	are registered CM/ECF users will be served by the
have mailed the foregoing d	f the participants in the case are not registered CM/ECF users. I ocument by First-Class Mail, postage prepaid, or have dispatched it carrier for delivery within 3 calendar days to the following
	¥ "
Signature (use "s/" format)	