IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

REGENERON PHARMACEUTICALS, INC.		
Plaintiff(s),		
V. CELLTRION INC.,	Civil	NO: 1:23-CV-89
Defendant(s).		
APPLICATION FOR	ADMISSIO	N <i>PRO HAC VICE</i>
I verify that I have fully complied we as it relates to admission to practice <i>pro had</i>		of General Practice and Procedure 83.02
Ocean Lu	Celltrion,	Inc.
Applicant's Name	Representing (Party Name)	
Willkie Farr & Gallagher LLP	787 Seventh Avenue	
Name of Applicant's Firm	Applicant's Office Address	
(212) 728-3907	(212) 728-8111	
Applicant's Office Telephone Number		Applicant's Office Fax Number
olu@willkie.com		
Applicant's Email Address		
Bar number where admitted, with name, add Bar # and State:		
New York State, 1 Elk Street, Albany, NY 12207, (T) (518)	463-3200, Bar # 607	72623, Admitted 10/11/2023
List all matters before West Virginia tribuna involved in the preceding twenty-four (24)		odies in which the applicant is or has bee
N/A		

PROVIDE ATTACHMENT WITH ADDITIONAL INFORMATION IF NECESSARY



All matters before West Virginia tribunals or judicial bodies in which any member of applicant's	
firm, partnership or corporation is or has been involved in the preceding twenty-four (24) months:	
N/A	

PROVIDE ATTACHMENT WITH ADDITIONAL INFORMATION IF NECESSARY

I understand that admission to practice *pro hac vice* will result in my registration in the Case Management/Electronic Case Filing system. By this registration, I agree to abide by the requirements set forth in the Federal Rules, Federal Statutes and the Local Rules, Administrative Orders, procedures and policies of the United States District Court for the Northern District of West Virginia. (See https://racerweb.wvnd.uscourts.gov for further information).

I understand that attorneys admitted *pro hac vice* will have privileges to view official docket sheets and documents associated with cases and query case reports for cases on the CM/ECF system using the Court-assigned *read only* login and password, and that I must submit all filings electronically through local counsel. Registration constitutes my consent to service by electronic means pursuant to the Federal Rules.

I certify that I have:

- 1) Submitted with this application the requisite fee of Two-Hundred Dollars (\$200.00) payable to the Clerk of the Court of the United States District Court for the Northern District of West Virginia, and
- 2) Paid to the West Virginia State Bar the West Virginia State Bar *pro hac vice* fee pursuant to Rule 8.0 of the Rules of Admission for the West Virginia State Bar.

I certify that the foregoing application is true and correct. I hereby represent that I am a member in good standing with the bar of every jurisdiction in which I am admitted and my privileges to practice law and my membership in any bar association have never been amended, modified, suspended, revoked or otherwise limited in any way in any court, district, state, commonwealth or other jurisdiction. I also certify that I have never been convicted of a felony. I agree to comply with all laws, rules, and regulations of the United States Courts where applicable.

If unable to make the above representation, please attach an explanation.

Max C. Gottlieb	Signature of Applicant	
Name of Responsible Local Attorney		
(681) 265-3802	HISSAM FORMAN DONOVAN RITCHIE PLLC	
Office Local Attorney Telephone Number	Name of Responsible Attorney's Firm	
mgottlieb@hfdrlaw.com	P.O. Box 3983, Charleston, WV 25339	
Responsible Attorney's Email Address	Responsible Attorney's Office Address	

Pursuant to Local Rule of General Practice and Procedure 83.02, I have read the foregoing application and, by my endorsement hereon, agree to be a responsible local attorney in the above-styled matter. I certify that I am an active member in good standing of the West Virginia Bar and that I maintain an actual office in West Virginia from which I practice law on a daily basis. I hereby verify that the attorney moving for *pro hac vice* admission is a member of the bar or bars listed on page 1 of this application.

Signature of Responsible Local Attorney

