Case 1:23-cv-03673-RC Document 1-6 Filed 12/10/23 Page 1 of 2

CIVIL COVER SHEET

JS-44 (Rev. 11/2020 DC)											
I. (a) PLAINTIFFS		DEFENDANTS									
INFORMED CONSENT ACTION NETWORK,				CENTERS FOR DISEASE CONTROL AND PREVENTION						ON	
· · · · · · · · · · · · · · · · · · ·											
2025 Guadalupe St		260		200 Independence Avenue SW							
Austin, Texas 78705				Washington, DC 20201							
(b) COLINTY OF RESIDEN	CEOEEIDSTI	ISTED PLAINTIFF Travis,	TX	COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT							
(EXC	CEPT IN U.S. P	LAINTIFF CASES)		(IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED							
·								E LOCATION OF THE TRACT OF	LAND INVOLV	ED	
(c) ATTORNEYS (FIRM NA	ME, ADDRES	S, AND TELEPHONE NUMBER	(1)	ATTORNEYS (IF KNOWN)							
H DAGIG OF HIDIG	NICTION		TIT CITE	IZENIGHID O	EDDIN	CIDAI	D / DEFE	g .			
II. BASIS OF JURISI			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR								
(PLACE AN x IN ONE BOX ONLY)			PLAINTIF	PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY! PTF DFT PTF DFT							
1 U.S. Government		deral Question								_	
Plaintiff	(U.	S. Government Not a Party)	Citizen of	this State	s State 01		Incorpora	ated or Principal Place	O 4	O 4	
								ess in This State			
2 U.S. Government		versity	Citizen of	Another State	O 2	O 2			O -	O 5	
Defendant		dicate Citizenship of	CILIZEII OI	Allother State	O 2	O 2		ated and Principal Plac		O 5	
Detendant		rties in item III)	G.r.	C 1:			of Business in Another State				
				Subject of a	O 3	O 3	Foreign 1	Matian	\bigcirc 6	O 6	
			Foreign C	ountry			roreign 1	Nation	v	O v	
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(DI \$7.5		IV. CASE ASSIC							• 45		
(Place an X	n one categ	ory, A-N, that best repre	sents your	Cause of Ac	tion and	one in a	corresp	onding Nature of Si	uit)		
O A. Antitrust	O B. F	Personal Injury/	0	C. Admin	istrative	Agenc	v	O D. Tempor	rarv Rest	raining	
120 120000 0000		Salpractice		Review		1.80.00	,	Order/P	relimina	171)	
	17.	autpructice		Review			'y				
410 Antitrust	310 Ai	rplane		151 Medicare	Act			Injuncti	on		
		rplane Product Liability									
		sault, Libel & Slander	Social Security 861 HIA (1395ff) 862 Black Lung (923)					Any nature of suit from any category may be selected for this category of case assignment.			
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		deral Employers Liability									
	340 Marine			862 Black Lu	ng (923)						
					- '	5(g))		*(If Antitunet then	A governs	/*	
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	345 M			863 DIWC/DI 864 SSID Titl	WW (405 le XVI	5(g))		*(If Antitrust, then	A governs)*	
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O G. Habeas Corpus/ 2255	O H. Employment Discrimination	O I. FOIA/Privacy Act	O J. Student Loan						
530 Habeas Corpus — General 510 Motion/Vacate Sentence 463 Habeas Corpus — Alien Detainee	442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	X 895 Freedom of Information Act 890 Other Statutory Actions (if Privacy Act)	152 Recovery of Defaulted Student Loan (excluding veterans)						
	(If pro se, select this deck)	*(If pro se, select this deck)*							
K. Labor/ERISA (non-employment) 710 Fair Labor Standards Act 720 Labor/Mgmt. Relations 740 Labor Railway Act 751 Family and Medical Leave Act 790 Other Labor Litigation 791 Empl. Ret. Inc. Security Act	L. Other Civil Rights (non-employment) 441 Voting (if not Voting Rights Act) 443 Housing/Accommodations 440 Other Civil Rights 445 Americans w/Disabilities – Employment 446 Americans w/Disabilities – Other 448 Education	M. Contract 110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts 195 Contract Product Liability 196 Franchise	N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act)						
V. ORIGIN									
O 1 Original Proceeding Proceeding Court O 3 Remanded from Appellate Court O 4 Reinstated or Reopened or Reopened district (specify) O 6 Multi-district O 7 Appeal to District Judge from Mag. Judge O 8 Multi-district Litigation District File Direct File									
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 U.S.C. § 552									
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ Check YES only if demanded in complaint YES NO X									
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO 🗶 If yes, p	lease complete related case form						
DATE: _ December 10, 2023	SIGNATURE OF ATTORNEY OF REC	CORD/s/ Elizabet	n A. Brehm						

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff ir resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed only if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the <u>primary</u> cause of action found in your complaint. You may select only <u>one</u> category. You <u>must</u> also select <u>one</u> corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.