



**NOTICE OF APPEARANCE**

WASHINGTON, D.C. 20580

CASE NAME  
**NORTH TEXAS SPECIALTY PHYSICIANS**

9312

the appearance of

counsel or representative for the respondent (Complete items 1, 2, 4, and 5 below)

N/A  counsel supporting the complaint (Complete items 1, 3, 4, and 5 below)

**1. COUNSEL OR REPRESENTATIVE**

Include name, address and telephone of each

Lynda K. Marshall  
Hogan & Hartson L.L.P.  
555 13th Street, NW  
Washington, DC 20004

Counsel for Non-Party  
PacifiCare of Texas, Inc.

**2. RESPONDENTS**

Include address and telephone numbers of all persons, partnerships, corporations, or associations

N/A

3. ASSOCIATE/ASSISTANT DIRECTOR

N/A

4. SIGNATURE OF SENIOR COUNSEL

5. DATE SIGNED

March 15, 2004

Return this form to:

H-159  
Federal Trade Commission

600 Pennsylvania Ave. NW

Washington, D.C. 20580