



CASE NAME  
*EVANSTON NORTHWESTERN HEALTHCARE*

FILE/DOCKET NUMBER  
*D#*

► Pursuant to Section 4.1 of the Commission's Rule of Practice, enter in the above proceeding the appearance of

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

counsel supporting the complaint (Complete items 1, 2, 4, and 5 below)

1. COUNSEL OR REPRESENTATIVE

Include name, address and telephone of each

2. RESPONDENTS

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

**CERTIFICATE OF SERVICE**

This is to certify that copies of the Entry of Appearance for Michael Bloom were served

Michael L. Sibarium  
Charles B. Klein