FEDERAL TRADE COMMISSION
WASHINGTON, D.C. 20580

NOTICE OF APPEARANCE

CASE NAME	FILE/DOCKET NUMBER
Advocate Healthcare Network et al.	D09369

Pursuant to Section 4.1 of the Commission's Rules of Practice, I (we) am (are) entering in the above proceeding the appearance of

- [ ] counsel supporting the complaint (Complete Items 1, 3, 4, and 5 below)
- [x] counsel or representative for the respondent (Complete Items 1, 2, 4, and 5 below)
- [ ] counsel or representative for a third party (Complete Items 1, 2, 4, and 5 below)

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1. COUNSEL OR REPRESENTATIVE	2. RESPONDENT(S) OR THIRD PARTY(IES)
Include the name, address, email address, and telephone number of each	Include the name, address, email address, and telephone number of each

3. ASSOCIATE/ASSISTANT DIRECTOR

4. SIGNATURE OF SENIOR COUNSEL | DATE SIGNED

Room H-113
600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580