

# NOTICE OF APPEARANCE



05-05-2016  
582554

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

1. COUNSEL OR REPRESENTATIVE	2. RESPONDENT(S) OR THIRD PARTY(IES)
<p>Include the name, address, email address, and telephone number of each counsel or representative entering an appearance in the above proceeding,</p> <p>Laura Brenner lbrenner@reinhardt.com David Krier dkrier@reinhardt.com Reinhart Boerner Van Deuren s.c. 1000 North Water Street, Suite 1700 Milwaukee, WI 53202 Phone Number: 414-298-1000 Fax Number: 414-298-8097</p>	<p>Include the address and telephone numbers of all persons, partnerships, corporations, or associations on whose behalf this Notice of Appearance is being filed.</p> <p>Loyola University Health System Loyola University Health System 2160 S. First Avenue Maywood, IL 60153 Phone Number: 708-216-8073 Fax Number: 708-216-8059</p>

3. ASSOCIATE/ASSISTANT DIRECTOR

4. SIGNATURE OF SENIOR COUNSEL (Laura Brenner)	5. DATE SIGNED 5/5/2016
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