

NOTICE OF APPEARANCE

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|--|------------------------------|
| CASE NAME Phoebe Putney Health System, Inc., et al. | FILE/DOCKET NUMBER D09348 |
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► 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, 3, 4, and 5 below)

| | |
|------------------------------|----------------|
| 1. COUNSEL OR REPRESENTATIVE | 2. RESPONDENTS |
|------------------------------|----------------|

Include name, address and telephone of each

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

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229-312-1000

Phoebe Putney Memorial Hospital, Inc.
Phoebe Putney Memorial Hospital, Inc.
417 Third Avenue
Albany, GA 31701
229-312-1000

Phoebe North
Phoebe North
417 Third Avenue
Albany, GA 31701
229-312-1000

ORIGINAL



3. ASSOCIATE/ASSISTANT DIRECTOR

4. SIGNATURE OF SENIOR COUNSEL
(Lee Van Voorhis)

5. DATE SIGNED
4/25/2011

Return this form to: H-135
Federal Trade Commission
600 Pennsylvania Ave. NW
Washington, D.C. 20580