

NOTICE OF APPEARANCE



CASE NAME In The Matter of OSF Healthcare System, and Rockford Health System	FILE/DOCKET NUMBER Docket No. 9349
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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)
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Include the name, address, email address, and telephone number of each counsel or representative entering an appearance in the above proceeding.

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Include the address and telephone numbers of all persons, partnerships, corporations, or associations on whose behalf this Notice of Appearance is being filed.

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3. ASSOCIATE/ASSISTANT DIRECTOR

4. SIGNATURE OF SENIOR COUNSEL 	5. DATE SIGNED 11/29/11
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Return this form to: Federal Trade Commission
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600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580