

NOTICE OF APPEARANCE



CASE NAME	FILE/DOCKET NUMBER
OSF HEALTHCARE SYSTEM and ROCKFORD HEALTH SYSTEM	9349

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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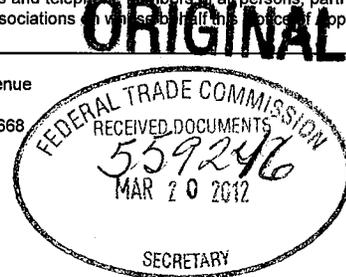
Include the name, address, email address, and telephone number of each counsel or representative entering an appearance in the above proceeding.

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Include the address and telephone numbers of all persons, partnerships, corporations, or associations in whose behalf the notice of appearance is being filed.

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151 Farmington Avenue
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Phone: (860) 273-5668



3. ASSOCIATE/ASSISTANT DIRECTOR	

4. SIGNATURE OF SENIOR COUNSEL	5. DATE SIGNED
	March 20, 2012

Return this form to: Federal Trade Commission
Room H-113
600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580