

# NOTICE OF APPEARANCE



CASE NAME

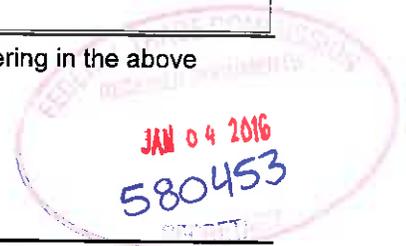
Advocate Healthcare Network et al.

FILE/DOCKET NUMBER

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)
- 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

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

John R. Robertson (Esq.)  
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### 2. RESPONDENT(S) OR THIRD PARTY(IES)

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

Advocate Health Care Network  
Advocate Health Care Network  
3075 Highland Parkway  
Downers Grove, IL 60515  
Phone Number: (603) 572-9393

Advocate Health and Hospitals Corporation  
Advocate Health and Hospitals Corporation  
3075 Highland Parkway  
Downers Grove, IL 60515  
Phone Number: (603) 572-9393

### 3. ASSOCIATE/ASSISTANT DIRECTOR

### 4. SIGNATURE OF SENIOR COUNSEL

/s/ John R. Robertson

### 5. DATE SIGNED

January 4, 2016

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