

FEDERAL TRADE COMMISSION
WASHINGTON, DC 20580

NOTICE OF APPEARANCE



CASE NAME Otto Bock Healthcare North America, Inc.	FILE/DOCKET NUMBER D09378
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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>Wayne A. Mack WAMack@duanemorris.com Edward G. Biester III EGBiester@duanemorris.com Sean P. McConnell SPMcConnell@duanemorris.com Duane Morris LLP 30 S. 17th St Philadelphia, PA 19103 Phone Number: 215-979-1000 Fax Number: 215-979-1020</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>Otto Bock Health Care North America, Inc. 11501 Alterra Parkway, Suite 600 Austin, TX 78758 Phone Number: 800-328-4058</p>

3. ASSOCIATE/ASSISTANT DIRECTOR

4. SIGNATURE OF SENIOR COUNSEL (Wayne A. Mack)	5. DATE SIGNED 1/10/2018
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Return this form to: Federal Trade Commission
Room H-113
600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580

UNITED STATES OF AMERICA
BEFORE THE FEDERAL TRADE COMMISSION

In the Matter of
Otto Bock Healthcare North America, Inc.

Docket No. D09378

STATEMENT OF GOOD STANDING PURSUANT TO 16 C.F.R. § 4.1

In connection with the Notice of Appearance filed on January 10, 2018, and pursuant to 16 C.F.R. § 4.1 (d), I state that I am eligible to practice before the Commission as a member of the Bar of the State of Pennsylvania (Bar No. 46654). As requested by 16 C.F.R. § 4.1 (d), I further state that I am a member of good standing within the legal profession.

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