

ORIGINAL

FEDERAL TRADE COMMISSION
WASHINGTON, D.C. 20580

NOTICE OF APPEARANCE



CASE NAME ProMedica Health System, Inc.	FILE/DOCKET NUMBER D09346
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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
<p>Include name, address and telephone of each</p> <p>Gary Sommer ATTORNEY FOR NON-PARTY FULTON COUNTY HEALTH CENTER Heban, Sommer & Murphree, LLC 200 Dixie Hwy. Rossford, OH 43460 419-662-3100</p>	<p>Include address and telephone numbers of all persons, partnerships, corporations, or associations</p>

3. ASSOCIATE/ASSISTANT DIRECTOR

Same as above

4. SIGNATURE OF SENIOR COUNSEL (Same as above)	5. DATE SIGNED 5/3/2011
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Return this form to: H-135
Federal Trade Commission
600 Pennsylvania Ave. NW
Washington, D.C. 20580