## **ORIGINAL**

FEDERAL TRADE COMMISSION WASHINGTON, D.C. 20580

## **NOTICE OF APPEARANCE**



	(	
CASE NAME	FILE/DOCKET NUMBER	554608
ProMedica Health System, Inc.	D09346	SECRETARY
➤ Pursuant to Section 4.1 of the Commission's Rule the appearance of	e of Practice, enter in the above proce	eeding
counsel or representative for the respondent	(Complete items 1, 2, 4, and 5 below)	)
□ counsel supporting the complaint (Complete in the complete in the c	items 1, 3, 4, and 5 below)	
COUNSEL OR REPRESENTATIVE	2. RESPONDEN	ITS
Include name, address and telephone of each	Include address and telephone numbers of all persons, partnerships, corporations, or associations	
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3. ASSOCIATE/ASSISTANT DIRECTOR

Matthew J. Reilly

202-326-3616

4. SIGNATURE OF SENIOR COUNSEL

5. DATE SIGNED

(Matthew J. Reilly)

5/16/2011

Return this form to: H-135

Federal Trade Commission 600 Pennsylvania Ave. NW Washington, D.C. 20580