

NOTICE OF APPEARANCE



CASE NAME <i>EVANSTON NORTHWESTERN HEALTHCARE</i>	FILE/DOCKET NUMBER <i>DH</i>
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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
<small>Include name, address and telephone of each</small> <i>Michael Bloom Bureau of Competition 600 PA. AVE., NW WASHINGTON, DC 202.326.2475</i>	<small>Include address and telephone numbers of all persons, partnerships, corporations, or associations</small>

3. ASSOCIATE/ASSISTANT DIRECTOR <i>Clare Park</i>	5. DATE SIGNED <i>2/15/05</i>
4. SIGNATURE OF SENIOR COUNSEL <i>Thomas H. Bozell</i>	

Return this form to: H-159
Federal Trade Commission
600 Pennsylvania Ave. NW
Washington, D.C. 20580

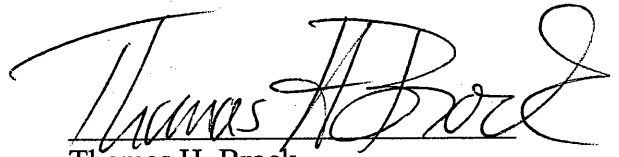
CERTIFICATE OF SERVICE

This is to certify that copies of the Entry of Appearance for Michael Bloom were served on counsel for the respondents by electronic mail and first class mail delivery:

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2/17/05
Date


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Complaint Counsel