





STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent

MUR 5371

NAME OF COUNSEL: DIANE M. FISHBURN  
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The above-named individual is hereby designated as my counsel  
and is authorized to receive any notifications and other communications  
from the Commission and to act on my behalf before the Commission.

7/16/03 SAM FARR M.C.  
Date Print Name Signature Title

RESPONDENT'S NAME: SAM FARR

ADDRESS: SAM FARR

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