

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent.

MUR 5537

NAME OF COUNSEL: D. JOHN MCKAY

FIRM: LAW OFFICES OF D. JOHN MCKAY

ADDRESS: 117 E. COOK AVE.
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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.

W.F. Dougherty
Print Name

10-22-04
Date

[Signature]
Signature

Executive Editor +
Sr. Vice President
Title

RESPONDENT'S NAME: ANCHORAGE DAILY NEWS

ADDRESS: _____

TELEPHONE: HOME (907) 257-4200

BUSINESS (907) 257-4200

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