

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION


APEKSHA, INC.,	)	
	)	
Plaintiff,	)	
	)	Case No.: 05 C 4625
v.	)	
	)	Judge Ronald Guzman
KAREN WILLEMARCK	)	Magistrate Judge Cole
	)	
Defendant.	)	

NOTICE OF FILING

**FILED**  
 AUG 13 2005  
 Aug 16 2005  
 MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT

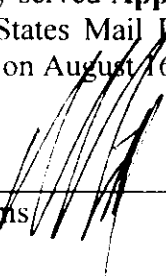
TO: Mary Louise Kandyba  
Blake A. Barron  
Daley & Mohan PC  
150 N. Wacker Drive  
Suite 1550  
Chicago, IL 60606

PLEASE TAKE NOTICE that on August 16, 2005 we filed with the Clerk, in the United States District Court, Northern District of Illinois, Eastern Division, an **Appearance for Hall Adams, Esq.**, on behalf of plaintiff, Apeksha, Inc., a true and correct copy of which is hereto attached.

  
 \_\_\_\_\_  
 Hall Adams

CERTIFICATE OF SERVICE

I, Hall Adams, an attorney, state that I properly served **Appearance** on the above referenced attorney by Regular Mail in the United States Mail Depository located 77 West Wacker Drive, Chicago, Illinois before 5:00 p.m on August 16, 2005.

  
 \_\_\_\_\_  
 Hall Adams

Law Offices of Hall Adams LLC  
77 W. Wacker Drive  
Suite 4800  
Chicago, IL 60601  
Attorney ID:40587  
312-606-8711

7341

J

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS**

In the Matter of

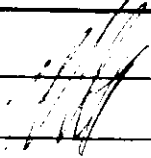
Apeksha, Inc.,  
Plaintiff,

v.  
Karen Willemarck

Defendant.

Case Number: 05 C 4625

APPEARANCES ARE HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY(S) FOR:  
Plaintiff APEKSHA, INC

(A)	(B)
SIGNATURE 	SIGNATURE
NAME Hall Adams	NAME Aug 16 2005 Aug 16 2005 MICHAEL W. BOBBINS CLERK, U.S. DISTRICT COURT
FIRM Law Offices of Hall Adams LLC	FIRM
STREET ADDRESS 77 W. Wacker Drive, Ste 4800	STREET ADDRESS
CITY/STATE/ZIP Chicago, IL 60601	CITY/STATE/ZIP
TELEPHONE NUMBER 312-606-8711 Fax 312-444-9658	TELEPHONE NUMBER
IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6194886	IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE)
MEMBER OF TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	MEMBER OF TRIAL BAR? YES <input type="checkbox"/> NO <input type="checkbox"/>
TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input type="checkbox"/>
(C)	(D)
SIGNATURE	SIGNATURE
NAME	NAME
FIRM	FIRM
STREET ADDRESS	STREET ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
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