

A

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHER DISTRICT OF ILLINOIS

GWENDOLYN R. BALDWIN,

Plaintiff,

v.

YMCA WESTSIDE FUTURE

Defendant.

File No.: 05 C 002936

Judge George M. Marovich

Magistrate Michael T. Mason

NOTICE OF FILING

TO: Gwendolyn R. Baldwin
2761 W. 25th
Chicago, Illinois 60608

FILED
AUG 16 2005
MICHAEL W. DOERFFER
CLERK, U.S. DISTRICT COURT

YOU ARE HEREBY NOTIFIED that pursuant to the provisions of the Rules of the U.S. District Court for the Northern District of Illinois, we have on August 16, 2005, filed an Appearance of Defendant, a copy of which is attached.

Katherine Rodosky
Katherine A. Rodosky

Schueler, Dallavo & Casieri
233 South Wacker Drive, Suite 6150
Chicago, Illinois 60606
(312) 831-1090

CERTIFICATE OF SERVICE

The undersigned, a non-attorney, hereby certifies that she served this notice by mailing a copy to the above-named attorney at the above-stated address by depositing same in the U.S. Mail at 233 South Wacker Drive, Suite 6150, Chicago, Illinois 60606 at or before 5:00 p.m. on August 16, 2005, with proper postage prepaid.

Jill Caballe

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

In the Matter of:

GWENDOLYN BALDWIN, Plaintiff

v.

YMCA WESTSIDE FUTURE, Defendant

Case Number: 05 C 002936

Judge George M. Marovich

APPEARANCES ARE HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY(S) FOR:

Defendant, YMCA Westside Future

FILED
AUG 16 2005
MICHAEL W. DOBBS
CLERK, U.S. DISTRICT COURT

(A)		(B)	
SIGNATURE <i>Katherine Rodosky</i>		SIGNATURE <i>Jennifer J. McFadden</i>	
NAME Katherine A. Rodosky		NAME Jennifer J. McFadden	
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IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6225948		IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6275933	
MEMBER OF TRIAL BAR? YES <input type="checkbox"/> NO <input type="checkbox"/>		MEMBER OF TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input type="checkbox"/>		TRIAL ATTORNEY? YES <input checked="" 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	
TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUMBER	FAX NUMBER
E-MAIL ADDRESS		E-MAIL ADDRESS	
IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE)		IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE)	
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DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input type="checkbox"/>		DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input type="checkbox"/>	