Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510



9/1/2005

1. Effective Date of Registration

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

2.	House Identification N	umber	Senate Identification Number				
RI	EGISTRANT						
3.	Registrant Name Fleishman-Hillard Government Relations						
	Address 1775 Eye Street, N.W.		Suite 700				
	City	Washington	State DC Zip 20006				
4.	Principal place of busin	ness (if different from line 3)	State/Zip (or Country)				
5.	Telephone number and 202-551-1440	contact name Contact Jerome Hauer	E-Mail (optional) hauerj@fleishman.com				
6.	General description of registrant's business or activities Government Relations Consulting Firm						
CI	· ·	ng firm is required to file a separate registration Self" and proceed to line 10. Self	for each client. Organizations employing in-house lobbyists should che				
7.	Client Name Meridian/King Pharmaceuticals						
	Address	6350 Stevens Forest Road	Suite 301				
	City	Columbia	State MD Zip 21046				
8.	Principal place of busir City	oal place of business (if different from line 7) State/Zip (or Country)					
9.	General description of client's business or activities Pharmaceutical manufacturer.						
	in this section has serve	ed as a "covered executive branch official"	obbyist for the client identified on line 7. If any person listed or "covered legislative branch official" within two years of legislative position(s) in which the person served.				
			Covered Official Position (if applicable)				
	Name		Covered Similar I assistant (in appropriate)				
	Name Jerome Hauer		Actg. Asst. Sec. Public Health & Emerg. Prep. I				

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ant Name:	Fleishman-Hillard Government Relations						
Client Name:	Meridian/King Pharmaceuticals						
LOBBYING	ISSUES						
11. General lobby	ном						
ном							
-							
13. Is there an en	eriod and in whole or ma	that contributes more than	\$10,000 to the lobbying activor controls the registrant's lob				
	criteria above, then proceed to line 14.						
	Name	A	ddress	Principal Place of Busin (city and state or count			
FOREIGN E							
b) direct of the c) is an	tly or indirectly, in whole e client or any organization	e or in major part, plans, so on identified on line 13; or	-	nances, or subsidizes activities			
🛛 No. Sign	and date the registration.	☐ Yes.	☐ Yes. Complete the rest of this section for each entity matching criteria above, the sign and date the registration.				
Name		Address	Principal Place of Busin (city and state or countr				
	Mount	ent	<u>- </u>	Date 12/21/2005			
ignature				Date			

Form LD-1 (Rev. 06/98)

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