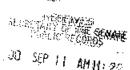
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION Lobby Check if this is an Amended Registration 1. Effective Date of Registration 2. House Identification Number 3/832-000 Senate Identification Number 10388 REGISTRANT 3. Registrant name Address City State DC 4. Principal place of business (if different from line 3) City State/Zip (or Country) 5. Telephone number and contact name Contact Jackie Kurisky E-mail (optional) VII 1/5 (202 682-3139 6. General description of registrant's business or activities CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house tabbying should check the box-Setf 7. Client name Address City 8. Principal place of business (if different from line 7) City State/Zip (or Country) 9. General description of client's business or activities LOBBYISTS 10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a tobbyist for the client, state the executive and/or legislative position(s) in which the person served. Covered Official Position (if applicable) Forse UD-3 (Rev. (96/98) Page 1

LOBBYING ISSU 11. General lobbying issue LOM TAX		odes listed in instructions and on the	e reverse side of Form I	.D-1, page 1.
12. Specific tobbying issue Braidband C	e (current and anticipated) AHCNUT ACRUST ACTO	of 2000		
-	than the client that contrib	utes more than \$10,000 to the lo		-
No ⇒ Go,te.lin	ne.14	Yes. § Complete the rest of this the criteria above, then		
Name		Address	Principal Place of Business (city and state or country)	
·	tity that: 20% equitable ownership i directly, in whole or in maj he client or any organizatio	n the client or any organization is or part, plans, supervises, control identified on line 13; or ation identified on line 13 and h	ls, directs, finances o	r subsidizes
activities of t			•	
activities of t e) is an affiliate	ig activity?	——————————————————————————————————————	st of this section for e eria above, then sign	
activities of t e) is an affiliate of the lobbyin	ig activity?	matching the crit		
activities of t c) is an affiliate of the lobbyin ✓ No ⊃ Sign and dat	ng activity?	matching the crit registration. Principal place of business	Amount of contribution for	Ownership percentage