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SECRETARY OF THE SENATE  
06 JUN 29 AM 10:21

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 06/28/06

2. House Identification Number 30302

Senate Identification Number 3293

## REGISTRANT

3. Registrant name Reed Smith LLP

Address 1301 K Street, NW Suite 1100 - East Tower

City Washington State DC Zip 20005

4. Principal place of business (if different than line 3)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Telephone number and contact name

202-414-9200 Contact Mr. Phillips S. Peter E-mail PPeter@ReedSmith.com

6. General description of registrant's business or activities

Law Firm

**CLIENT** A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check  Self and proceed to line 10.

7. Client name InSightec Inc.

Address 7 Etgar Street

City Tirat Carmel State \_\_\_\_\_ Zip 39120

8. Principal place of business (if different than line 7)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. General description of client's business or activities

Medical device company

## 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 has served as a "covered executive branch official" or "covered legislative branch official" within two years of becoming a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Phillips Peter	
Jason Poblete	
Robert Helland Jr.	

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Registrant Name Reed Smith LLP

Client Name InSightec Inc.

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

MMM

12. Specific lobbying issues (current and anticipated)

Medicare Reimbursement Issues

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Morales, Sandra L.**

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06/28/2006

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