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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <u>GRO, LLC</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>8618 WEST WOOD CENTER DRIVE</u>			
3. Principal Place of Business (if different from line 2) City: <u>VIENNA</u> State/Zip (or Country) <u>VA 22182</u>			
4. Contact Name <u>PHILLIP PORTE</u>		Telephone <u>703-752-4353</u>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <u>NAT'L ASS'N FOR MEDICAL DIRECTION RESP. CARE</u>		5. Senate ID # <u>170665</u>	
		6. House ID # <u>31169</u>	

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature Phillip Porte

Printed Name and Title PHILLIP PORTE

0000090055



Registrant Name GRQ, LLC Client Name NAT'L ASS'N FOR MEDICAL
OP RESP. CARE

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

CHANGES TO PHYSICIAN FEE SCHEDULE AFFECTING PUL
MEDICINE & CRITICAL CARE SERVICES. CHANGES IN
STATUTE REGARDING PULMONARY REHABILITATION. CE
MEDICARE COVERAGE & PAYMENT FOR OXYGEN.

17. House(s) of Congress and Federal agencies contacted Check if None

HOUSE & SENATE CONTACTED.

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
PHILLIP PORTE	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Phillip Porte Date 2-10-06

Printed Name and Title PHILLIP PORTE PRINCIPAL

3000090056

