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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration September

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name DCI Associates LLC

Address 1133 21st Street, NW, Suite M100

City Washington

State DC

Zip 20036

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 546-4242

Contact Doug Davenport

E-mail (optional) _____

6. General description of registrant's business or activities

Lobbying and Public Policy Management

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

7. Client name Jeffrey M. Hansen

Address 1469 Glen Oaks Drive

City West Des Moines

State IA

Zip 50266-6630

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Tax issues

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

Name	Covered Official Position (if applicable)
<u>Brian Kennedy</u>	<u>n/a</u>



LOBBYING ISSUES

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

TAX

12. Specific lobbying issues (current and anticipated)

Tax Issue

AFFILIATED ORGANIZATIONS

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

No ⇨ Go to line 14.

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

Name	Address	Principal Place of Bus (city and state or cot

FOREIGN ENTITIES

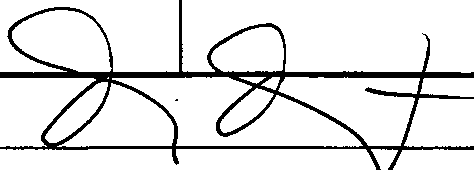
14. Is there any foreign entity that:

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

No ⇨ Sign and date the registration.

Yes ↓ Complete the rest of this section for ea matching the criteria above, then sign registration.

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

Signature  Date 9/18/1

Printed Name and Title Doug Davenport, Managing Director

