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|---|--|
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## LOBBYING REPORT

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

|  |  |   |                   |
|--|--|---|-------------------|
| 1. Registrant Name<br><u>Blackwell Sanders Peper Martin</u>  |  |   |                   |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><u>1620 Dodge Street Suite 2100</u> |  |   |                   |
| 3. Principal Place of Business (if different from line 2)<br>City: <u>Omaha</u> State/zip (or Country) <u>NE 68102</u> |  |   |                   |
| 4. Contact Name<br><u>Dan Morris</u>   |  | Telephone<br><u>(402) 964-5022</u>                  | E-mail (optional) |
| 7. Client Name <input type="checkbox"/> Self<br><u>Nebraska Orthopaedic Hospital</u>                                   |  | 5. Senate ID #<br><br>6. House ID #<br><u>32501</u> |                   |

TYPE OF REPORT 8. Year 2003 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

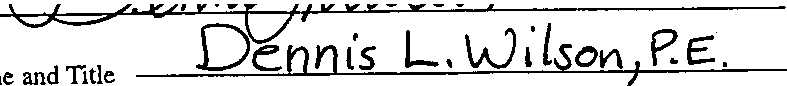
### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms   | 13. Organizations   |
|--|---|
| INCOME relating to lobbying activities for this reporting period was:  | EXPENSES relating to lobbying activities for this reporting period were:  |
| Less than \$10,000 <input type="checkbox"/>  | Less than \$10,000 <input type="checkbox"/>   |
| \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u><br>Income (nearest \$20,000)   | \$10,000 or more <input type="checkbox"/> ⇨ \$ _____<br>Expenses (nearest \$20,000)                                 |
| 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). | 14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of reporting method. |
|  | <input type="checkbox"/> Method A. Reporting amounts using LDA definitive accounting method.                        |
|  | <input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code                    |
|  | <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code                     |

1 Donnie H. Wilson

Date 2/17/04

Signature

 \_\_\_\_\_

Printed Name and Title

Dennis L. Wilson, P.E. Manager Governm

LD-2 (REV. 4/03)

PAGE 1 o

Registrant Name Blackwell Sanders Client Name NE Orthopaedic Hospita

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the 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 HCR (one per page)

16. Specific lobbying issues

Restrictions on specialty hospitals contained in Medicare Prescription Drug Bill

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

U.S. House of Representatives  
U.S. Senate  
Dept. of Health and Human Services,

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

| Name        | Covered Official Position (if applicable) |
|-------------|---|
| Hal Daub    | Partner                                   |
| Dan Morris  | Partner                                   |
| Steve Kupka | Partner                                   |
|             |   |
|             |   |
|             |   |
|             |   |

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

Signature Dennis Wilson Date 2/17/04

Printed Name and Title Dennis Wilson Manager Government A.

Form LD-2 (Rev. 4/03)

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