

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
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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 07/21/2005
2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Hogan & Hartson L.L.P.
Address 555 Thirteenth Street N.W.
City Washington State DC Zip 20004-1109
4. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) USA
5. Telephone number and contact name
(202) 637-5636 Contact House, W. Michael E-mail (optional) _____
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 if labeled "Self" and proceed to line 10.* Self

7. Client name Rocky Mountain Health Plans
Address 2775 Crossroads Boulevard
City Grand Junction State CO Zip 81502-5600
8. Principal place of business (if different from line 7)
City _____ State/Zip (or Country) USA
9. General description of client's business or activities
Healthcare

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 this section has served as a "covered executive branch official" or "covered legislative branch official" within two years 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>House, W. Michael</u>	
<u>Love, Virginia M.</u>	
<u>Bell, Michael J.</u>	

Form LD-1 (Rev. 06/98)

Registrant Name Hogan & Hartson L.L.P. Client Name Rocky Mountain Health Plans

LOBBYING ISSUES

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

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12. Specific lobbying issues (current and anticipated)

Medicare Cost+ Contracts

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14.

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

Name	Address	Principal Place of Business (city and state or country)
		City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Country: <input type="text"/>

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 sub activities of 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 o of the lobbying activity?

No ⇒ Sign and date the registration.

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

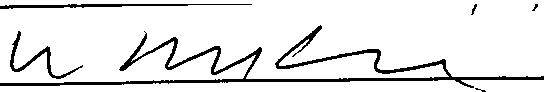
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Over
		City: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	<input type="text"/>	<input type="text"/>

Signature

Date 10/13/05

Signature _____

Printed Name and Title House, W. Michael (Partner)



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