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SECRETARY OF THE SENATE
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LOBBYING REPORT

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

1. Registrant Name Foley Hoag LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 155 Seaport Boulevard			
3. Principal Place of Business (if different from line 2) Boston MA 02210 City: State/zip (or Country)			
4. Contact Name N. Littlefield	Telephone (617) 832-1105	E-mail (optional) nlittlefield@foleyhoag.com	5. Senate ID # 79610-633
7. Client Name <input type="checkbox"/> Self QLT			6. House ID # 32340-04

TYPE OF REPORT 8. Year 2004 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
<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"/> ⇔ \$ _____ Income (nearest \$20,000)</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>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"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of op</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitio</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature _____

Date _____

Signature _____

Printed Name and Title _____

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Foley Hoag LLP Client Name QLT

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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare coverage and reimbursement

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

Centers for Medicare & Medicaid Services

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

Name	Covered Official Position (if applicable)
Nick Littlefield	
Brian Carey	
Paul Kim	Counsel, Senate Committee on Health, Education, Labor and Pensions

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

Signature Nick Littlefield Date 2/7/2005

Printed Name and Title _____

Form LD-2 (Rec. 4/03)

Page 2