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## **LOBBYING REPORT**

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

Negistrant Name Williams & Jensen, PC		
2. Registrant Address	nt than previously reported  State/Zip (or Country)	Suite 300 DC 20036
3. Principal Place of Business (if different fron	n line 2)	<del></del>
City	State/Zip (or Country)	
4. Contact Name  Barbara W. Bonfiglio	Telephone E-r 202-659-8201	5. Senate ID # 41454-517
7. Client Name  Self  Natl Assoc of Rehabilitation Pro	viders & Agencies	6. House ID # 30771028
Check if this filing amends a previ	ously filed version of ort   >> Terminate	ion Date 11. No Lobb
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0. Check if this is a Termination Rep  INCOME OR EXPENSE  12. Lobbying Fit  INCOME relating to lobbying activit period was:  Less than \$10,000 □  \$10,000 or more ⋈ >> \$ \$40  Income  Provide a good faith estimate, roundes \$20,000 of all lobbying related income	ously filed version of  ort   >> Terminal  S - Complete Eith  rms  ties for this reporting  0,000.00  ome (nearest \$20,000)  ed to the nearest ne from the client ant by any other entity	this report  ion Date   11. No Lobb  13. Organizations  EXPENSES relating to lobbying activities for this reperiod were:  Less than \$10,000   \$10,000 or more   \$10,000 or more   Expenses (nearest \$14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of the second sec

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02/14/2005

Signature	<u> </u>	——————————————————————————————————————	 Date	
Printed Name	e and Title	Barbara W. Bonfiglio - Attorney	 	P

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Řeg	strant Name:	Williams & Jensen, PC			
Clie	nt Name:	Natl Assoc of Rehabilita	tion Providers &	Agencies	
enga	iged in lobbyin		ring the reporting		ne areas in which the registrant ite page for each code, provide
15.	General issue	area code MMM	(one per page)		
16.	MPDIMA Medicare co Medical reco	verage and reimbursemer rds privacy or physician referrals erapy caps	ıt		
17.	House(s) of C House of Rep Senate	Congress and Federal agenc oresentatives	ies contacted		Check if None
18.	Name of each	a individual who acted as a	lobbyist in this is:	sue area	
	Name			Covered Official Pos	ition (if applicable)
	Lynch, Kari	na V.			
	Olsen, Geor	ge G.			
		-			
	<u> </u>				
-					
19.	Interest of ea	ch foreign entity in the spe	cific issues listed	on line 16 above	☑ Check if None

Signature			U#/17/#UUJ	
Printed Name and Title	Barbara W. Bonfiglio - Attorney		Pa	