COVINGTON & BURLING

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RODERICK A. DEARMENT TAR TEL 202.662.5900 FAX 202.778.5900 GJ AUG A

August 29,

Via Hand Delivery

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

Re: Lobbying Registration: National Employment Opportunities Network

Dear Sir:

Enclosed is an amended Lobbying Registration form for the above-referenced client. incorrectly listed my name as the Registrant in our Lobbying Registration -- it should be my firm's name, "Covington & Burling."

Our Lobbying Report for the same client correctly lists the Registrant as "Covington Burling." We have not yet received a Senate Identification Number.

Sincerely yours,

Roderick A. DeArment

Enclosure

Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building

Office of Public Records 232 Hart Building

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, ,	s an Amended l	.995 (Section 4) Registration 🗶	1. Effective Date of Registration Senate Identification Number	5/1/20
REGISTRA	ANT			
3. Registrant Address	Name Covingt 1201 Pen	on & Burling nsylvania Avenue	e, N.W.	
City	Washing			. Zi _j
4. Principal p	lace of busines	s (if different from	ı line 3)	
City		•••••		(or Country)
5. Telephone	number and co	ntact name		f*************************************
(202) 662-	5900	Contact Rode	rick A. DeArment	Email (optional)
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 \mathbf{t} the executive and/or legislative position(s) in which the person served

Name	Covered Official Position (if app	
Roderick A. DeArment	Partner	
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Registrant Name Roderick A. DeArment		Client Name National	Employment Opportunities		
LOBBYING IS	SUES				
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TAX					
12. Specific lobby	ing issues (current and Credit and the Welfa	anticipated) Assisting in the re to Work Credit.	e extension of the Work		
AFFILIATED	ORGANIZATION	S			
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14. Is there any fo	,				
line b) dire fina 13; c) is a	13; or etly or indirectly, in who nees or subsidizes activor	e ownership in the client or nole or in major part, plans, so vities of the client or any orgon or any organization identified the lobbying activity?	supervises, controls, directs anization identified on line		
☐ No ⇒ Sign and date the registration.		each entir	Yes © Complete the rest of this secent each entity matching the criteria about sign and date the registration		
Name	Address	Principal place of Business (city and state or country)	Amount of contribution for polying activities		
	all or	Date August 28,	2001		
Printed Name and	Title Roderick A. De A	Arment - Partner			