

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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SECRETARY OF THE SENATE
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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 7/1/2004

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Shaw Pittman LLP

Address 2300 N Street, N.W.

City Washington

State DC

Zip 20037

4. Principal place of business (if different from line 3)

City N/A

State/Zip (or Country)

5. Telephone number and contact name

(202) 663-8000

Contact Claudia A. Hrvatin

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 be labeled "Self" and proceed to line 10.* Self

7. Client name Alere Medical, Inc.

Address 595 Double Eagle Court, Suite 1000

City Reno

State NV

Zip 89511-8991

8. Principal place of business (if different from line 7)

City N/A

State/Zip (or Country)

9. General description of client's business or activities

Disease Management Services

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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of 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)
Andrew L. Woods	
Viraj Mirani	

Registrant Name Shaw Pittman LLP Client Name Alere Medical, Inc.

LOBBYING ISSUES

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

MED

12. Specific lobbying issues (current and anticipated)

Voluntary Chronic Care Improvement Program

AFFILIATED ORGANIZATIONS

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

No ⇨ Go to line 14.

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

Name	Address	Principal Place of Bus (city and state or cou

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 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 t of the lobbying activity?

No ⇨ Sign and date the registration.

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

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature 

Date 8/5/04

Printed Name and Title Andrew L. Woods, Partner

Form LD-1 (Rev. 06/98)