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

SECRETARY OF THE

LOP	BYI	NG:	<b>REG</b>	ISTR	ATI	ON
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LOBBYING REGISTRATIO	N
Lobbying Disclosure Act of 1995 (Section 4)	24-04
	1. Effective Date of Registration
77	Senate Identification Number 75570 -
REGISTRANT 3. Registrant name  A CONTROL OF THE PROPERTY OF TH	AN AND DSSOCI
Address 1230 164 BCV	0 1 #1222
City NOLINGTO A	State VA Zip 222(
4. Principal place of business (if different from line 3)  City	State/Zip (or Country)
5. Telephone number and contact name  (7) 3 - 52 4-320 Contact	E-mail (optional) MAI
6. General description of registrant's business or activities	CONSULTING FIRM
CLIENT A Lobbying firm is required to file a separate registration	for each client. Organizations employing in-house lobbyists should c
labeled "Self" and proceed to line 10. Self  7. Client name	INC
Address 3, 4 E 26 Th	) STORET
City TACONIA	State WA Zip 9842
8. Principal place of business (if different from line 7)  City	State/Zip (or Country)
9. General description of client's business or activities	/ BUSINESS SOLUTION
LOBBYISTS  10. Name of each individual who has acted or is expected to a this section has served as a "covered executive branch of acting as a lobbyist for the client, state the executive and	official" or "covered legislative branch official" within tw
Marine VRKICAN	Covered Official Position (if appli

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Form LD-1 (Rev. 06/98)				

		000000	50255			
Registrant Name	wakr	Client Name	PPF	Tec	N	
LOBBYING ISSUES  11. General lobbying issue area	s. Select all a	pplicable codes listed	in instructions and or	the reve	rse side of	Form LD
12. Specific lobbying issues (c)	1119	icipated)	- CC	571B	AN C	
THE PEDE	RAL	_	SUR	EAG	< (C	100
AFFILIATED ORGA  13. Is there an entity other th a semiannual period and	an the client in whole or	that contributes mo in major part plans,	re than \$10,000 to to supervises or control Complete the rest of the criteria above,	of this se	ction for e	each enti
Name	Name		ress		Principal Place of B (city and state or c	
FOREIGN ENTITIE  14. Is there any foreign entity  a) holds at least (	ty that:	le ownership in the	client or any organiz	zation id	entified o	n line 13
b) directly or inc	lirectly, in w he client or a of the client	hole or in major par iny organization ide or any organization	t, plans, supervises, ntified on line 13; 0	controls F	s, directs, i	inances
No ⇒ Sign and date the registration.			Yes   Complete the rest of this section for matching the criteria above, then si registration.			
Name		Address	Principal place business (city and state or co		contrib	ount of ution for activities

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Signature

Date\_

Printed Name and Title Porm LD-I (Rev. 06/98)