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LOBBYING REPORT

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

1. Registrant name Powell Goldstein, LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 901 New York Avenue, NW Third Floor Washington DC 20001 US			
3. Principal place of business (if different than line 2) City State/Zip or Country			
4a. Contact Name Ms. Cynthia E. Berry	b. Telephone number (202) 624-3976	c. E-mail cberry@pogolaw.com	5. Senate ID # 31942-183
7. Client Name <input type="checkbox"/> Self Mobility Products Unlimited	6. House ID # 31255131		

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June30) OR Year End (July 1-December)

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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>60,000</u></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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of opti</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions of</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of t Revenue Code</p>
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Edit Form

Signature _____ Date _____

Printed Name and Title Cynthia E. Berry, Partner

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Registrant Name Powell Goldstein, LLP Client Name Mobility Products Unlimited

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 code** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Medicare coverage and reimbursement of power wheelchairs

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

U.S. Senate
U.S. House of Representatives
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Robert Falk	
Tim Perrin	

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

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Signature Cynthia E Berry Date 2/14/06

Printed Name and Title Cynthia E. Berry, Partner

