SECRETARY OF OT JAN -9

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

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Loodying Disologate : tot of 1990 (400 mes)	į.			
Check if this is an Amended Registration	1. Effective Date of Registration 06 101 200			
2. House Identification Number	_Senate Identification Number_85138 ~990			
REGISTRANT 3. Registrant name (ACE, LLC				
Address 120 C St NW	Suite 380			
city Unshancton	State DC Zip ZOOO \			
4. Principal place of business (if different from line 3) City	State/Zip (or Country)			
5. Telephone number and contact name () 202 393 4262 Contact R	ebecca Berbach E-mail (optional)			
6. General description of registrant's business or activities OUR MONTH ASS GUES				
CLIENT A Lobbying firm is required to file a separate registrati	ion for each client. Organizations employing in-house lobbyists should check the			
7. Client name Sateview	Real, Suite 110			
City Santa Alara	State (A Zip 95050			
8. Principal place of business (if different from line 7)	State/Zip (or Country)			
9. General description of client's business or activities Personal Syreama Device				
LOBBYISTS 10. Name of each individual who has acted or is expected this section has served as a "covered executive brancacting as a lobbyist for the client, state the executive of				
Name	Covered Official Position (if applicable)			
No. of the Control of				
0				
	3375-4b7efb40f63a - Page 1 of 4			

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	Form LD-1 (Rev. 06/98)	

Registrant Name <u>GAGE</u> ,	LLC Clier	t Name Safeview	···	 -
LOBBYING ISSUE 11. General lobbying issue an HOM R(/)		listed in instructions and on the i	everse side of Form LD	-1, pag
12. Specific lobbying issues	(current and anticipated)			
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AFFILIATED ORG				
13. Is there an entity other to a semiannual period an	than the client that contribute d in whole or in major part p	s more than \$10,000 to the lot lans, supervises or controls the	bying activities of the registrant's lobbying	regisi
~ <i>(</i>				
No ⇔ Go to line	: 14. U Y	es Complete the rest of this the criteria above, then		y matc
Name		Address	Principal Place of Bu (city and state or co	
b) directly or inc	ity that: 20% equitable ownership in	the client or any organization i part, plans, supervises, contro	identified on line 13; (ls, directs, finances or)r subsid
	of the client or any organizat	ion identified on line 13 and h	as a direct interest in	:he out
☐ No ⇔ Sign and dat	te the registration.	Yes Complete the rematching the cripregistration.	st of this section for eateria above, then sign	
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perce in cl
Signature RANT	11 Hames	Date	EN SNIN	<u> </u>

5 Printed Name and Title Robert & Amonsberg, President

Form LD-1 (Rev. 06/98)