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SECRETARY OF THE SENATE
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LOBBYING REPORT

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

1. Registrant Name Foley Hoag LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 155 Seaport Boulevard			
3. Principal Place of Business (if different from line 2) Boston MA 02210 City: State/zip (or Country)			
4. Contact Name Brian Carey	Telephone (617) 832-1712	E-mail (optional) bcarey@foleyhoag.com	5. Senate ID # 79610-734
7. Client Name <input type="checkbox"/> Self International Oncology Network			6. House ID # 32340046

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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>20,000.00</u> Income (nearest \$20,000)</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>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature _____

Printed Name and Title _____

Registrant Name Foley Hoag LLP Client Name International Oncology Network

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Medicare coverage and reimbursement

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

Centers for Medicare & Medicaid Services
U.S. Senate
U.S. House of Representatives

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

Name	Covered Official Position (if applicable)
Nick Littlefield	
Brian Carey	
Paul Kim	Counsel, Senate Committee on Health, Education, Labor, and Pensions

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

Signature Nick Littlefield Date 2/7/05

Printed Name and Title _____

Form LD-2 (Rec. 4/03)

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