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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 4/1/2004

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Alston & Bird LLP-

Address 601 Pennsylvania Avenue, NW - North Building, 10th Floor

City Washington

State DC

Zip 20004-2601

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

City Atlanta

State/Zip (or Country) GA 30309

5. Telephone number and contact name

(202) 756-3342

Contact Jonathan M. Winer

E-mail (optional) jwiner@

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 check the box below and proceed to line 10.* *Self*

7. Client name SHPS, Inc.

Address 11405 Bluegrass Parkway

City Louisville

State KY

Zip 40299

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Health management services provider

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 individual 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)
Thomas G. Schendt	
John R. Hickman	

Form LD-1 (Rev. 04/03)

Registrant Name Alston & Bird LLP Client Name SHPS, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1.

HCR

12. Specific lobbying issues (current and anticipated)

Regulations implementing guidance concerning health savings accounts.

AFFILIATED ORGANIZATIONS

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

No ⇨ Go to line 14.

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

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

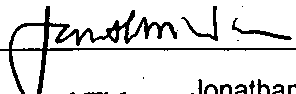
14. Is there any foreign entity that:

- 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 supervises 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 the operation of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ⇩ Complete the rest of this section for each matching the criteria above, then sign and date the registration.

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

Signature  Date 5/13/2017

Printed Name and Title Jonathan M. Winer, Partner

Form LD-1 (Rev. 04/03)