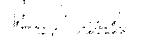
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



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## LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Regi	stration		1. Effective	Date of Registration	09/01/200	
2. House Identification Number 31827			Senate Identification Number			
REGISTRANT  3. Registrant name  Address 1201 Pennsylva	Covington & Bu	rling				
City Washington	ma Avenue, nvv	DC		<i>-</i> → 20004	US	
	o (if different than lin	State DC	***************************************	Zip 20004		
4. Principal place of business  City	s (ii different maii mi	State		Zip	I	
	ntact name			Σip		
202-662-5900	Contact Mr.	Roderick	DeArment	E-mail RDeArment@cov.	com	
6. General description of reg Law Firm						
CLIENT A Lobbying firm is required to labeled "Self" and professional of the control of the cont	oceed to line 10. 📙 Se		client. <b>Organizati</b>	ons employing in-house lobbyis	ts should check the bo	
Address 1 Cedar Brook D	rive					
City Cranbury	-	State NJ		Zip 08512	ų s	
8. Principal place of business	s (if different than line	e 7)				
City	*************************************	State		Zip -	1	
<ol> <li>General description of clied Pharmaceutical manufact</li> </ol>		ities			t a	
LOBBYISTS  10. Name of each individual whe section has served as a "cover a lobbyist for the client, state of the client of the	ered executive branch o	official" or "o	covered legisla osition(s) in wh	tive branch official" within	n two years of firs	
Roderick DeArm	nent					
Martin Gold		kn) k4 (			(	
Joan Kutche	er					
Bill Wichte	erman		Senate Le	adership Staff		
	***************************************	***********************	***************************************		l	

Registrant Name Covingto	on & Burling		Client Name KOS Pharmaceuticals, Inc.				
LOBBYING ISS		l annliaghla gadag lig	stad in instructions and an	the reverse side of Form I	ID 1 nác		
11. General lobbying iss	aue areas. Sefect af	i applicable codes its	ated in instructions and on	the reverse side of Form I	ى - 1, pa		
HCR							
10.0 '6 111 '							
<ol><li>Specific lobbying iss Medicare Part D Progr</li></ol>	*	nticipated)			1		
Modical of all D 1 Togi	, con the contract of the cont				,		
	ner than the client	that contributes more		ying activities of the regise egistrant's lobbying activit			
No ⇒ Go to line 14.		Yes⇒ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.					
Name		Address		Principal place of Business (city and state or country			
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					,		
FOREIGN ENT	ITIES				- 1		
14. Is there any foreigr					1		
· ·	_	_	ient or any organization ic		. ا		
,	<del>-</del> "	ole or in major part, on identified on line '	<u> </u>	s, directs, finances or subs	idizes act		
				ıs a direct interest in the ou	itcome of		
lobbying	activity?						
No ⇔ Sign an	d date the registra	ion.	•	he rest of this section for ence criteria above, then sign			
Name		Address	Principal place of	Amount of	O		
			business (city and state or count	contribution for lobbying activities	pe i		
				,	1		
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Signature	July 1	un L	Date	2/1/06	•		

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