

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration Dec 30, 2007

2. House Identification Number 39827

Senate Identification Number 301196-1383

REGISTRANT

3. Registrant Name: ASHCROFT GROUP

Address: 1399 New York Ave., NW Suite 950

City: Washington State: DC Zip: 20005-0000

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

5. Telephone number and contact name:

2029420202 Contact: JOSHUA LAWSON

E-mail(optional): jlawson@ashcroftgroupllc.com

6. General description of registrant's business or activities:

Public and Government Affairs

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.

☐ Self

7. Client name: LIBERTY HEALTHCARE

Address: 401 E CITY AVE # 820

City: BALA CYNWYD State: PA Zip: 10094

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

9. General description of client's business or activities:

healthcare management

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name: ALCORN, TYLER

Covered Official Position (if applicable): N/A

Name: RICHMOND, SUSAN

Covered Official Position (if applicable): N/A

LOBBYING ISSUES

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

HCR

12. Specific lobbying issues (current and anticipated):

Healthcare management issues

AFFILIATED ORGANIZATIONS

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

Registrant Name: ASHCROFT GROUP Client Name: LIBERTY HEALTHCARE

☒ No, then go to line 14.

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

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 subsidizes 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 outcome of the lobbying activity?

☒ No, then sign and date the registration.

☐ Yes, then complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Signature: ON FILE Date: Feb 14, 2008

Printed Name and Title: LORI SHARPE DAY, SENIOR ADVISOR -