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LOBBYING REPORT

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

1. Registrant name Nusgart Consulting LLC			
2. Address <input type="checkbox"/> Check if different than previously reported			
5225 Pooks Hill Rd., Suite 1626N			
Bethesda	MD	20814	USA
3. Principal place of business (if different than line 2)			
City		State/Zip or Country	
4a. Contact Name	b. Telephone number	c. E-mail	5. Senate ID #
Ms. Marcia Nusgart	301-530-7846	marcia@nusgartconsulting.com	48111-633
7. Client Name <input type="checkbox"/> Self			6. House ID #
Inogen, Inc.			34467044

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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 align="center">13. Organizations</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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Edit Form >

Signature *Marcia Nusgart*

Date 2/27/06

Printed Name and Title **Marcia Nusgart, R.Ph., President**

0000141193

Registrant Name Nusgart Consulting LLC

Client Name Inogen, Inc.

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Regulatory action affecting Medicare and Medicaid coverage, coding and payment for respiratory care equipment.

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

Centers for Medicare and Medicaid Services (CMS)

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

Name	Covered Official Position (if applicable)
Marcia Nusgart	N/A

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

Signature

Marcia Nusgart

Date

2/23/06

Printed Name and Title Marcia Nusgart, R.Ph., President

1000141194

