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

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE 05 HAR -9 PH 1

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

∠obl	bying Disclosure	Act of 1995 (Section 4	•)				
Check if this is an Amended Registration			1. Effectiv	e Date of Registration	1/1/2005		
2.	N/A		Senate Ide	Senate Identification Number			
RF	EGISTRANT						
3.	Registrant Name DLA Piper Rudnick Gray Cary US LLP						
	Address	1200 19th Street, N.W.					
	City	Washington	State DC	Zip 20036			
4.	Principal place of bu	nsiness (if different from line 3)		State/Zip (or Country)			
5.	Telephone number a	and contact name Contact	E-Mail (o	ptional)			
J.	(202) 861-6449	John H. Zentay		ay@dlapiper.com			
6.	General description	of registrant's business or activ	ities				
	label	bying firm is required to file a sepa ed "Self" and proceed to line 10.		ient. Organizations employing	in-house lobbyists should ch		
<u>7.</u>	Client Name	ADL Healthcare					
	Address	Captains Lane					
	City	Staffordshire	State	Zip DE13 8EZ	United King		
8.	Principal place of b	ncipal place of business (if different from line 7)  State/Zip (or Country)					
9.		of client's business or activitie	s				
L 10	in this section has	vidual who has acted or is expenserved as a "covered executive by by ist for this client, state the ex	branch official" or "cover	red legislative branch office position(s) in which the p	person served.		
	Name			Covered Official Posit	топ (п аррисаоте)		
	Gary J. Klein						
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Form LD-1 (Rev. 06/98)

## 00000072360

nt Name:	ADL Healthcare						
OBBYING  General lobb  HCR	ISSUES ying issue areas. Sele	ct all applicable codes listed	in instructions and on the	he reverse side	of Form LD-1, page 1.		
<del>_</del>	oying issues (current a	and anticipated)					
3. Is there an essemiannual	period and in whole o	ient that contributes more the r major part plans, supervise	es, or controls the registr	antsioooying	f the registrant in a activities?		
🛚 No. Go	№ No. Go to line 14.		☐ Yes. Complete the rest of this criteria above, then proc				
	Name		Address		Principal Place of Busine (city and state or country		
	foreign entity that:			atified on line	13: or		
b) dir of c) is	ectly or indirectly, in	able ownership in the client whole or in major part, plar nization identified on line 1 nt or any organization identi	is, supervises, controis, o	irecis, iniance	s, or substances activities		
🔀 No. Sig	gn and date the registr	ration.	criteria above, the	of this section sign and date	for each entity matching the registration.		
Nam	ne	Address	Principal Place (city and state		Amount of contribution for lobbying activities		
		1200		<u> </u>	<u> </u>		

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