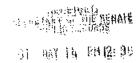
Clerk of the House of Representatives Secretary of the Senate Office of Public Records Legislative Resource Center B-106 Cannon Building Washington, OC 20515

Add

232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)	
Check if this is an Amended Registration (2) 1. Effe	ctive Date of Registration 4/27/01
2. House Identification Number 55 39 500 Senate	Identification Number 62776-51
REGISTRANT 3. Registrant name Ricchetti Inc.	
Address 1001 & Street NW Suite	
City Wishington	State DC Zip 20001
4. Principal place of business (if different from line 3) City Same	State/Zip (or Country)
5. Telephone number and contact name (202) 679 - 9317 Contact 5-y He 6. General description of registrant's business or activities	
GOVERNMENT - Delegrand Sources of activities	
CLIENT A Labbing firm is required to file a separate registration for each climated "Self" and proceed to line 10. Self Chent name American Hospital Assess that Address 325 Seventh Street	
City H-shir-ha	State DC 2ip 20004
8. Principal place of business (if different from line 7) City Chicano	State/Zip (or Country) IL 60606
9. General description of dient's business or activities National advocate for hospitals a	hen Ith proteins
LOBBYISTS 10. Name of each individual who has acted or is expected to act as a lobi (this section has served as a "covered executive branch official" or acting as a lobbyist for the client, state the executive and/or legislate	ryist for the client identified on line 7. If any person listed in
Name .	Covered Official Position (if applicable)
Lisa Karatorpes	Depty Assot, t to the President
	Special Assistant to the Pousil !
Frank (SUI IRev. Agains)	e ave

gistrant Name_RICCHETT	. inc.	Client Nan	me American Hos	oital As	sociatio	\ <u>D</u>	
OBBYING ISSUES General lobbying issue are:	: as. Select all applicable	codes liste	in instructions and on th	e reverse side	of Form LD-1	, page 1.	
HCR MAM _		*******					
2. Specific lobbying issues (c	urrent and anticipated)	:					
Healthoren issues							
Medicine 135865							
		:					
FFILIATED ORGA is there an entity other the a semiannual period and	an the client that con	tributes mo	ore than \$10,000 to the supervises or controls	lobbying acti the registrant	vities of the	registrant in activities?	
No r⇒ Go to line	14.	□ Yes 's	Complete the rest of the criteria above, the			matching	
Name		Address		-	Principal Place of Business (city and state or country)		
 b) directly or ind activities of the 	ty that: 20% equitable owners irectly, in whole or in the client or any organ of the client or any or a activity?	nmajor par lization ide	client or any organization, plans, supervises, contified on line 13 are identified on line 13 at the patching the pregistration.	itrols, directs id has a direct e rest of this:	t interest in t	subsidizes the outcome ach entity	
Name	Address		Principal place of business (city and state or count	contr	nount of ibution for ng activities	Ownership percentage in client	
Signature ST	Steve Ricche	tti. P			/08/01·		
Franco (Name and Trice _		:		Car led de 20 , f.C. C aranaca		Page	