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 Registration		Effective Date of Registration Senate Identification Number	
2. House Identification Number			
REGISTRANT 3. Registrant name Viohl & Associa	ates, Inc.		
Address 444 North Capitol Street, NW; Suite	428		
had 3.1	State DC	Zip 20001	USA
City Wasnington 4. Principal place of business (if different than li	***************************************		••••
City	State	Zip	
5. Telephone number and contact name			
•	. Jeffrey C. Viohl	E-mail jviohl@sso.org	
6. General description of registrant's business or Government Relations Consulting	activities		
CLIENT A Lobbying firm is required to file a separate reg labeled "Self" and proceed to line 10. 7. Client name Ovations	istration for each client. Orga Self	nizations employing in-house lobbyis	ts should check the ba
Address 990 Bren Road East		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City Minnetonka	State MN	Zip 55343	USA
8. Principal place of business (if different than l	ine 7)	•	
City	State	Zip	
General description of client's business or act Ovations provides health and well-being ser	tivities vices to Americans ag	e 50 and older.	
LOBBYISTS 10. Name of each individual who has acted or is exposection has served as a "covered executive branca a lobbyist for the client, state the executive and/one Name	ected to act as a lobbyist th official" or "covered le for legislative position(s)	for the client identified on line	in two years or in-
Jeffrey C. Viohl			
Christoper M. Priest			
,			

Registrant Name Viohl & Associated	ciates, Inc.	Client Name Ovations	Client Name Ovations		
CORDINAL ICCIDES		isted in instructions and on the	e reverse side of Form LD-1, page		
MMM					
2. Specific lobbying issues (c Medicaid reform, including					
AFFILIATED ORGA 13. Is there an entity other that a semiannual period and	ANIZATIONS In the client that contributes me in whole or in major part plans	ore than \$10,000 to the lobbying supervises or controls the region	ng activities of the registrant in istrant's lobbying activities?		
No ⇔ Go to line 14	Yes ⊄	Complete the rest of this criteria above, then proc	section for each entity matching teed to line 14.		
Name		Address	Principal place of Business (city and state or country)		
b) directly or ind	ity that: 20% equitable ownership in the lirectly, in whole or in major party organization identified on lift of the client or any organization it?	art, plans, supervises, controls, ne 13; OT n identified on line 13 and has Yes Complete th	entified on line 13: OF directs, finances or subsidizes acti a direct interest in the outcome of e rest of this section for each entity e criteria above, then sign and date		
Name	Address	Principal place of business (city and state or countr	Amount of O contribution for poly) lobbying activities		
Signature Jeff	oy C. Violl	Date	4-29-05		
Printed Name and Title	Jeffrey C. Viohl, Preside				

LD-IDS (Rev.0403) Page 2

Filing #54725d5e-0e91-45ec-ae80-4eab716d878c - Page 4 of 4