

Franzen & Associates, LLC

1675 Highland Parkway
St. Paul, MN 55116
612-703-8860

Douglas J. Franzen
Attorney at Law
franz45@gmail.com

Senate Office of Public Records
232 Hart Senate Office Bldg.
Washington D.C. 20510

RE: Blue Cross Blue Shield of Minnesota (72771-12)

Dear Sir/Madam:

I am in receipt of a letter from you to dated June 5, 2007 (copy attached). The letter addressed to my attention at the Rider Bennett Law firm in Minneapolis. Unfortunately, the Rider Bennett law firm has been dissolved and my last day at the firm was April 30, 2007. Please forgive the delay in responding to your letter.

My records indicate that I did send a 2006 Mid-Year report to you for the abovementioned client. I am attaching documentation to that effect.

If you have any questions in this regard please contact me at the above address or telephone number.

Thank you.

Very truly yours,


Douglas J. Franzen

1000100282

Faint, illegible text at the top of the page, possibly a header or title.

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

SECRETARY OF
07 NOV -2 1

LOBBYING REPORT

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

| | |
|--|--|
| 1. Registrant Name <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Individual | |
| Prefix <input type="text" value="Mr."/> First <u>Douglas</u> Last <u>Franzen</u> | |
| 2. Address <input type="checkbox"/> Check if different than previously reported | |
| Address1 <u>33 South Sixth Street</u> Address2 <u>Suite 4900</u> | |
| City <u>Minneapolis</u> State <u>MN</u> Zip Code <u>55402</u> Cou | |
| 3. Principal place of business (if different than line 2) | |
| City _____ State _____ Zip Code _____ Cou | |
| 4a. Contact Name <u>Mr. Douglas Franzen</u> | b. Telephone Number <input type="checkbox"/> International Number <u>(612) 340-7902</u> |
| | c. E-mail <u>dfranzen@riderlaw.com</u> |
| 7. Client Name <input type="checkbox"/> Self <u>Blue Cross Blue Shield of Minnesota</u> | 5. Sen <u>5538</u> |
| | 6. Hou <u>3587</u> |

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) Year End (July 1-Dec)

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 Activ

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|---|--|
| 12. Lobbying INCOME relating to lobbying activities for this reporting period was: <u>Less than \$10,000</u> <input checked="" type="checkbox"/> <u>\$10,000 or more</u> <input type="checkbox"/> \$ _____ 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). | 13. Organizations EXPENSE relating to lobbying activities for this reporting period were: <u>Less than \$10,000</u> <input type="checkbox"/> <u>\$10,000 or more</u> <input type="checkbox"/> \$ _____ 14. REPORTING Check box to indicate accounting method. See instructions for descriptive <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code |
|---|--|

Signature Digitally Signed By: Douglas J Franzen

Date 02/1

US, DST Acces Unaffiliated Individual, Douglas J Franzen

000100285

01

Printed Name and Title Douglas J. Franzen

vs.0.0j

P

Franzen

Client Name Blue Cross Blue Shield of Minnesota

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant 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

| | |
|-----|---------------|
| HCR | Health Issues |
|-----|---------------|

 (one per page)

16. Specific lobbying issues

Patient's Bill of Rights

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

House of Representatives
Senate

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

| Name | | | Covered Official Position (if applicable) |
|---------|---------|--------|---|
| First | Last | Suffix | |
| Douglas | Franzen | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

1000100284

