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LOBBYING REPORT

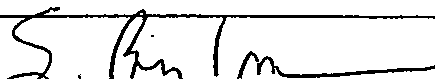
Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name US Strategies			
2. Address <input type="checkbox"/> Check if different than previously reported 1055 North Fairfax Street, #201			
3. Principal Place of Business (if different from line 2) City: Alexandria State/Zip (or Country) VA 22314			
4. Contact Name Brad Traverse	Telephone (703) 739-7999	E-mail (optional) bradt@usstrategies.com	5. Senate ID # 38825
7. Client Name <input type="checkbox"/> Self Acute Long Term Hospital Association			6. House ID # 33219

TYPE OF REPORT 8. Year 2003 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 **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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>40,000.00</u> Income (nearest \$20,000)</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"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitive</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature



Signature _____

Printed Name and Title Brad Traverse, Vice President

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P:

Registrant Name US Strategies Client Name Acute Long Term Hospital Association

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 information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Prospective Payment System for long term care hospitals
 Regulation of long term care hospitals
 Labor HHS Appropriations H.R. 3061

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

US House of Representatives
 US Senate
 Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Brad Traverse	
Gary Capistrant	
Nance Guenther Peterson	
Heidi Hanson	
James K. Wholey	
Eric Hanson	

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

Signature  Date 08/01/2003

Printed Name and Title Brad Traverse, Vice President

Form LD-2 (Rev. 6/98)

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