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

30000E3426

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)	7-4-0
Check if this is an Amended Registration 1. Effect	tive Date of Registration
2. House Identification Number South Senate I	dentification Number \SS \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
REGISTRANT 3. Registrant name >, M, BURKMON	L DSSOCIATES
Address 1530 KEY BLVD;	#1222
City PRLIMETON	State VA Zip 3230
4. Principal place of business (if different from line 3) City	State/Zip (or Country)
5. Telephone number and contact name () Contact) Contact	Nonky VID E-mail (optional)
6. General description of registrant's business or activities LOSS 110 U-+ CONS	ULTING FIRP
CLIENT A Lobbying firm is required to file a separate registration for each cli	ent. Organizations employing in-house lookyists should che
Inbelled, "Self" and proceed to line 10. Self 7. Client name SOPPININE YOU LE	SYSTEMS, INC
Address FIVE TOWER GRIDLE	: SKE, S60; JOO BAR
City WEST CONSHOHOCKEN	State PA Zip 19428
8. Principal place of business (if different from line 7) City	State/Zip (or Country)
9. General description of client's business or activities CELLULA (YINAN) CIA	SERVICES BUSI
LOBBYISTS 10. Name of each individual who has acted or is expected to act as a lol this section has served as a "covered executive branch official" o acting as a lobbyist for the client, state the executive and/or legisla	r "covered legislative branch official" within two
Name	Covered Official Position (if applica
JACK GURKMAN)	
arcena The control of the control o	***************************************
FW #50C44Cf- h712 4-02 0040 h22-1-45152	77h - D 1 - 5 4

Form LD-1 (Rev. 06/98):-

gistrant Name	Client	Name		
LOBBYING ISSUES 11. General lobbying issue areas. Select a	all applicable codes l	listed in instructions and on t	he revers	e side of Form LD-1, p
12. Specific lobbying issues (current and CARKETI	$\omega()$	PE CO	MPA	MY Tocus
AFFILIATED ORGANIZAT 13. Is there an entity other than the cli a semiannual period and in whole No Go to line 14.	ent that contribute or in major part p	es more than \$10,000 to the lans, supervises or controllers. Complete the rest of the criteria above,	f this sec	ction for each entity n
Name		Address]	Principal Place of Busin city and state or cour

FOREIGN ENTITIES 14. Is there any foreign entity that: a) holds at least 20% equi b) directly or indirectly, in activities of the client c) is an affiliate of the clie of the lobbying activity	n whole or in majo or any organizatio ent or any organiz	or part, plans, supervises, on identified on line 13; 0	controls r	s, directs, illiances of
No ⇒ Sign and date the reg		Yes I Complete matching registrat	g the crit	t of this section for exeria above, then sign
Name	Address	Principal place business (city and state or co	of	Amount of contribution for lobbying activities

Signature ______

Date 7 - 5 - 0