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RECEIVED
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3-1-05/ε
DATE

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 2/4/2005

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Reed Smith

Address 1301 K Street, NW, Suite 1100 - East Tower

City Washington

State DC

Zip 20005

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 414-9200

Contact _____

E-mail (optional) _____

6. General description of registrant's business or activities

Law Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.* Self

7. Client name Primus Pharmaceuticals, Inc.

Address 4725 N. Scottsdale Road

City Scottsdale

State AZ

Zip 85251

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Pharmaceutical Company

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any in this section has served as a "covered executive branch official" or "covered legislative branch official" within two acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Phillips S. Peter	
Gordon Schatz	
Christy Bloomquist	

Form LD-1 (Rev. 04/03)

Registrant Name Reed Smith Client Name Primus Pharmaceuticals, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

MMM

12. Specific lobbying issues (current and anticipated)

Medicaid and Medicare issues.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the regi a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activiti

No ⇨ Go to line 14.

Yes ⇩ Complete the rest of this section for each entity matchi criteria above, then proceed to line 14.

Name	Address	Principal Place of Busi (city and state or coun

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subs activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the ou of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ⇩ Complete the rest of this section for ea matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature Phillip S Peter Date 02/16/20
 Filing #5d198841-48cc-4a85-938d-a0296af8d28f - Page 3 of 4

Signature _____

Printed Name and Title Phillips S. Peter, Counsel, Head of Government Relations

Form LD-1 (Rev. 04/03)