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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## LORRVING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)		1	R-
	Date of Registrati	on	<u> </u>
2. House Identification Number 36049 — Senate Iden	tification Number_	75570	
REGISTRANT  3. Registrant name	DN-+	ASS	OC.
Address 1538 VEY BLVD		Zip 23c	
City DRUNGTO19	State V/		
4. Principal place of business (if different from line 3)  City	State/Zip (or Countr	y) 	, <u>, , , , , , , , , , , , , , , , , , </u>
5. Telephone number and contact name  Contact  Contact	BM(1)	(optional)	
6. General description of registrant's business or activities	CONSULT	inb	FI
CLIENT A Lobbying firm is required to file a separate registration for each client	. Organizations employin	ig in-house lobbyists sh	ould check t
1 Self and proceed to line 10. Self  7. Client name 6 6 6 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7	<u> </u>	1-2.	<u>C (</u>
Address 2477 GROCKS	DRJVF_	~~~	
City DUSTELL	State 6	Zip DO	(0)
8. Principal place of business (if different from line 7)  City	State/Zip (or Cou	ntry)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9. General description of client's business or activities WHOLE SALER + MANNERCTURER (	OF CE	LC PI	JONE
LORRVISTS	EQI	UPMEN	VIT
10. Name of each individual who has acted or is expected to act as a lobb this section has served as a "covered executive branch official" or acting as a lobbyist for the client, state the executive and/or legislate	CUAGLECT IGAIZITATIAC 1	TOTION OFFICIAL	
Name	1	Official Position (if	
JACK USURKMAN			
Filing #5df78b5a-6d7e-4d4c-86b6-b513cbd277	38 - Page 1 of 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14===+++++++

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	Form LD-1 (Rev. 06/98)	

Registrant Name		Client Name	·	
LOBBYING ISSUES  11. Genetal lobbying issue areas	s. Select all applicable c	odes listed in instructions	and on the revers	
12. Specific lobbying issues (cu	rrent and anticipated)	CELL	PHONE	CHAR
KO -	NE	FEDER	DC	CO1,
AFFILIATED ORGA  13. Is there an entity other the a semiannual period and	an the client that contr in whole or in major p	part plans, supervises of	Connois me re	gistiant s loody6 20.
No ⇔ Go to line 1	4.	Yes   Complete the criteria	e rest of this sec above, then pro	ction for each entity made to line 14.
Name		Address		Principal Place of Busine city and state or count
b) directly or ind	ty that:  20% equitable owners! irectly, in whole or in he client or any organi of the client or any org	hip in the client or any major part, plans, supe ization identified on lin ganization identified or	ervises, controls e 13; <b>or</b>	, directs, finances of s
No ⇒ Sign and dat	No Sign and date the registration.  Yes Complete the rest of this section for each matching the criteria above, then sign a registration.			
Name	Address	bus	al place of siness ate or country)	Amount of contribution for lobbying activities
50 ⊕ ~1 ~1				
© © Signature			Date	1-8-0

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Printed Name and Title

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