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**LOBBYING REPORT**

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

|  |                |                    |                           |
|--|----------------|--------------------|---------------------------|
| 1. Registrant Name<br>SHL and Associates   |                |                    |                           |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br>1036 South 26th Road, Arlington, Virginia 22202 |                |                    |                           |
| 3. Principal Place of Business (if different from line 2)<br>Washington DC 20005<br>City: State/zip (or Country)                   |                |                    |                           |
| 4. Contact Name  | Telephone      | E-mail (optional)  | 5. Senate ID #            |
| Scott Lane   | (202) 744-2233 | shlane@comcast.net | 84456-51                  |
| 7. Client Name <input type="checkbox"/> Self<br>St. Francis Healthcare   |                |                    | 6. House ID #<br>36476003 |

**TYPE OF REPORT** 8. Year 2004 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 

| <b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>  |  |
|---|--|
| <p align="center"><b>12. Lobbying Firms</b></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 checked="" type="checkbox"/> ⇨ \$ <u>30,000.00</u><br/>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"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this report period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expected accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitive method.</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p> |

Signature  Date 8/10/04

Printed Name and Title Scott H. Lane, President

Registrant Name SHL and Associates Client Name St. Francis Healthcare

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

15. General issue area code ~~222~~ MMM (one per page)

16. Specific lobbying issues

Disporprotonate Share  
CMS Medicare Liver Certification

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

CMS - Department of Heath and Human Services

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

| Name          | Covered Official Position (if applicable) |
|---------------|---|
| Scott H. Lane |   |
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19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature \_\_\_\_\_ Date 8/10/04

Printed Name and Title Scott H. Lane, President

Form LD-2 (Rec. 4/03)

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