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SECRETARY OF THE SENATE
03 FEB 24 PM 3: 59

LOBBYING REPORT

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

1. Registrant Name Kogovsek & Associates, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 8547 E. Arapahoe Rd. # J-439			
3. Principal Place of Business (if different from line 2) City: Greenwood Village State/Zip (or Country) Colorado 80112			
4. Contact Name Christine Arbogast	Telephone (303) 893-2780	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Crossroads Managed Care Systems, Inc.			6. House ID #

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec

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>20,000.00</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 definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 602 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

Christine Arbogast

Printed Name and Title

Christine Arbogast, Vice President

LD-2 (REV. 6/98)

Registrant Name Kogovsek & Associates, Inc. Client Name Crossroads Managed Care Systems, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r 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 BUD (one per page)

16. Specific lobbying issues

appropriations for SAMSHA; grants to Native Americans under SAMSHA

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

United States Senate
House of Representatives
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)
Ray Kogovsek	
Christine Arbogast	

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

Signature Christine Ann Arbogast Date 2/14/10

Registrant Name Kogovsek & Associates, Inc. Client Name Crossroads Managed Care Systems, Inc.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities:

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

~~None~~

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bus (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant or affiliated organization

Signature Christina Ann Artocost Date 2/14/11
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Printed Name and Title Christine Arbogast, Vice President

Form LD-2 (Rev. 6/98)

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