

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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SECRETARY OF THE SENATE

04 APR 16 PM 1:02

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 4/2/04

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Arent Fox PLLC

Address 1050 Connecticut Ave., N.W.

City Washington

State DC

Zip 20036-5339

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 857-6345

Contact Michael J. Kurman

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 check labeled "Self" and proceed to line 10.* Self

7. Client name American Society of Interventional Pain Physicians

Address 2831 Lone Oak Road

City Paducah

State KY

Zip 42003

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Professional society for anesthesiologists specializing in pain management

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 person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years 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)
<u>Alan Reider</u>	
<u>Allison W. Shuren</u>	

Registrant Name Arent Fox PLLC Client Name American Society of Interventional P

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)

Medicare payment for implantable devices, and contractor carrier advisory committee issues.

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14.

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

Name	Address	Principal Place of Busine (city and state or count

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 su
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
of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each
matching the criteria above, then sign ar
registration.

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

Signature Michael J. Korman Date 4/16/04

Printed Name and Title Michael J. Kurman, Member

Form LD-1 (Rev. 06/98)