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LOBBYING REPORT

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

1. Registrant Name Sonnenschein Nath & Rosenthal LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1301 K Street, NW Suite 600, East Tower Washington, DC 20005			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Mike McNamara	Telephone 202.408.6400	E-mail (optional)	5. Senate ID # 36105-811
7. Client Name <input type="checkbox"/> Self Serono Laboratories, Inc.			6. House ID # 33854044

TYPE OF REPORT 8. Year 2004 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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.
	<input type="checkbox"/> Method A. Reporting amounts using LDA defir
	<input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 14 Internal Revenue Code

Signature _____

Printed Name and Title Mike McNamara, Partner

LD-2 (REV. 6/98)

Sonnenschein Nath & Rosenthal LLP

Serono Laboratories, Inc.

Registrant Name _____ Client Name _____

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

16. Specific lobbying issues

Medicare Reimbursement Issues

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

U.S. Department of Health & Human Services

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

Name	Covered Official Position (if applicable)
Bruce M. Fried	

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

Signature  Date 2/14/05

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Pag