

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 JUN 13 PM 12:11

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 5/1/2004

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT3. Registrant name Sidley Austin Brown & Wood LLPAddress 1501 K Street, NWCity Washington,State DCZip 20005

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

City same

State/Zip (or Country)

5. Telephone number and contact name

(202) 736-8000

Contact Simon Lazarus

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 Bone Care CorporationAddress 1600 Aspen CommonsCity MiddletownState WIZip 53562

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

City same

State/Zip (or Country)

9. General description of client's business or activities

healthcare company**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)
William Sarraille	

Registrant Name Sidley Austin Brown & Wood LLP Client Name Bone Care Corporation

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pag

MMM

12. Specific lobbying issues (current and anticipated)

Medicare reimbursement and coverage

AFFILIATED ORGANIZATIONS

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

- No ⇨ Go to line 14. Yes ⇩ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

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

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 subsidizes 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 outcome 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 and registration.

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

Signature *Charrall* Date 6/10/04
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Signature _____ Date _____

Printed Name and Title William Sarraille, Partner

Form LD-1 (Rev. 04/03)