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SECRETARY OF THE SENATE
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LOBBYING REPORT

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

1. Registrant Name Henry Consulting Group			
2. Address <input type="checkbox"/> Check if different than previously reported 9707 Turnbuckle Drive, Burke, Virginia, 22105			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name P. T. Henry	Telephone (703) 455-2990	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self TriWest Healthcare Alliance			6. House ID # 35640002

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 Activities ☐

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: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <div style="text-align: right;">Income (nearest \$20,000)</div>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <div style="text-align: right;">Expenses (nearest \$20,000)</div>
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 of method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____ Date **August 1, 2004**

Printed Name and Title

P. T. Henry President

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Registrant Name Henry Consulting Group Client Name TriWest Healthcare Alliance

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

15. General issue area code HCR (one per page)

16. Specific lobbying issues

DoD/DVA Healthcare

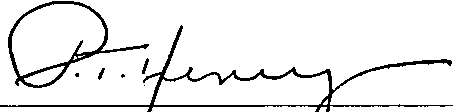
17. House(s) of Congress and Federal agencies contacted ☐ Check if None

Senate
House of Representatives
Department of Defense
Department of Veterans Affairs

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

Name	Covered Official Position (if applicable)
P. T. Henry	Assistant Secretary of the Army

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

Signature  Date 8/01/04

Printed Name and Title _____

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