

FEDERAL HEALTH STRATEGIES

INCORPORATED

SECRETARY OF

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May 26, 2005

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, D.C. 20510

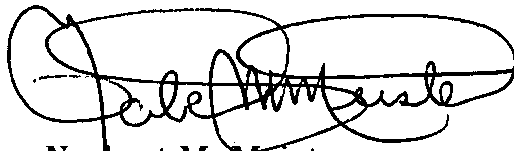
Attention: Pam Gavin

Dear Ms. Gavin:

As instructed by your letter dated May 12, 2005 (copy attached), enclosed please find a revised semi-annual Lobbying Report for the period from July 1 through December 31, 2004 for Federal Health Strategies, Inc. (Senate identification # 47267-12) regarding lobbying activities on behalf of the USFHP Alliance. Although the original report did indicate in item 11 that there were no lobbying activities during the period covered by the report, line 12 has now been completed indicating that there was less than \$10,000 in income related to lobbying activities for this reporting period and that box has been checked. In fact the income related to lobbying activities for this reporting period was none (\$0.00). Please note that this is a termination report. All activities by this firm on behalf of the USFHP Alliance ceased as of October 31, 2004

Please contact the undersigned if there are any questions.

Sincerely,



Norbert M. Meister



**P.O. Box 1094
Great Falls, VA 22066
703-759-9012
meisternm@aol.com**

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

REVISED SECRETARY OF THE

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LOBBYING REPORT

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

1. Registrant Name <u>FEDERAL HEALTH STRATEGIES, INC.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>P.O. BOX 1094</u>			
3. Principal Place of Business (if different from line 2) City: <u>GREAT FALLS</u> State/Zip (or Country) <u>VIRGINIA 2206</u>			
4. Contact Name <u>NORBERT MELSTER</u>	Telephone <u>703-759-9012</u>	E-mail (optional)	5. Senate ID <u>47</u>
7. Client Name <input type="checkbox"/> Self <u>USFHP ALLIANCE</u>			6. House ID# <u>3439</u>

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-D


9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date 10/31/04

11. No Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$2</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defi</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>

[Handwritten signature]

Signature 

Printed Name and Title NORBERT M. MEISTER, PRESIDENT



FEDERAL HEALTH STRATEGIES

Registrant Name _____

Client Name _____

USFHP ALLIANCE

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

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

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted

Check if None


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

Name	Covered Official Position (if applicable)

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____



Date _____

Mar 26,

Printed Name and Title NORBERT M. MELSTER, PRESIDENT 0