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LOBBYING REPORT

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

1. Registrant Name Holland & Knight LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 2099 Pennsylvania Avenue, NW Suite 100			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) D.C. 20006			
4. Contact Name Philip Baker-Shenk	Telephone 202-457-7031	E-mail (optional) philip.bakershenk@hklaw.com	5. Senate ID 18466-
7. Client Name <input type="checkbox"/> Self Consolidated Tribal Health Project, Inc.			6. House ID 30825-

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. Organization
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for th period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 ore more <input type="checkbox"/> ⇒ \$ _____ Expenses (neare
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 indi accounting method. See instructions for descriptio
	<input type="checkbox"/> Method A. Reporting amounts using LDA de
	<input type="checkbox"/> Method B. Reporting amounts under section of the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code

Signature _____

Printed Name and Title **Philip Baker-Shenk, Attorney**
Filing #95c320b4-050d-4116-af25-0597f96d59f3 - Page 1 of 10

Registrant Name Holland & Knight Name Consolidated Tribal Health Project, Inc.

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

16. Specific lobbying issues General counsel on government contracts

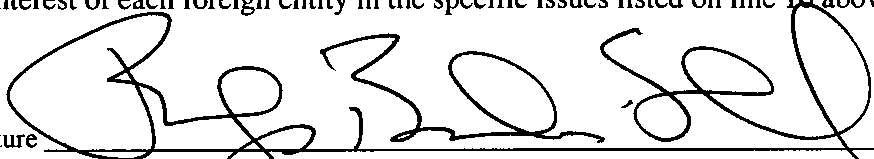
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
IHS

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

Name	Covered Official Position (if applicable)
Philip Baker-Shenk	n/a

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

Signature  Date 8/1/11

Printed Name and Title Philip Baker-Shenk, Attorney

Registrant Name Holland & Knight Name Consolidated Tribal Health Project, Inc.

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

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

16. Specific lobbying issues

General counsel on government contracts

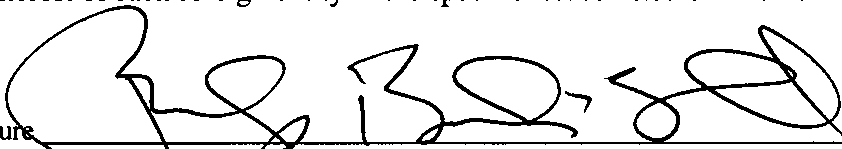
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
IHS

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

Name	Covered Official Position (if applicable)
Philip Baker-Shenk	n/a

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Signature  Date 8/1/11

Printed Name and Title **Philip Baker-Shenk, Attorney**

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Registrant Name Holland & Knight Name Consolidated Tribal Health Project, Inc.

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

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

16. Specific lobbying issues

General counsel on government contracts

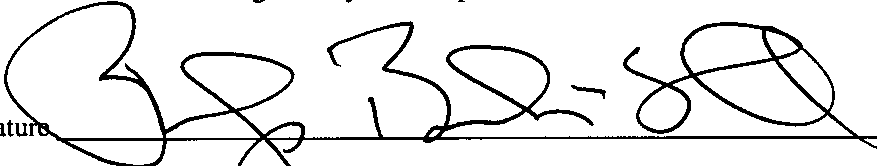
17. House(s) of Congress and Federal agencies contacted Check if None

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Name	Covered Official Position (if applicable)
Philip Baker-Shenk	n/a

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

Signature  Date 8/1/11

Registrant Name Holland & Knight Client Name Consolidated Tribal Health Project, Inc.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or County) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of B (city and state or cc


26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities	Owners i

28. Name of each previously reported foreign entity that **no longer** owned, **or** controls, **or** is affiliated with the registra affiliated organization

Signature  Date 8/1/04

Printed Name and Title Philip Baker-Shenk, Attorney

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