of the House of Representatives egislative Resource Center B-106 Cannon Building Washington, DC 20515

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Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF 11 07 OCT 12 Pt.

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)	1672
	Effective Date of Registration
2) 1/6	enate Identification Number 3500
REGISTRANT 3. Registrant name 7, Sunch	N & ASSOCIATES
Address 1530 KKV SCV	10; 41222
City DRUNGTON	State VA Zip 2220
4. Principal place of business (if different from line 3) City	State/Zip (or Country)
5. Telephone number and contact name 708 524-3209 Contact	IC BURICMAN JEUNKMA E-mail (optional) MAILS
6. General description of registrant's business or activities Lo ((()) () () () () ()	WLTING (IRM)
CLIENT A Lobbying firm is required to file a separate registration for	r each client. Organizations employing in-house lobbylsts should ches
labeled "Self" and proceed to line 10. Self 7. Client name	NETWORKS
Address 5 7 5 3 W. L.	AS POSITAS ISCVE
City PLEASANTON	State CA Zip GUSS(
8. Principal place of business (if different from line 7) City	State/Zip (or Country)
9. General description of client's business or activities WIRELESS	VICES COMPAN
LOBBYISTS 10. Name of each individual who has acted or is expected to act this section has served as a "covered executive branch off acting as a lobbyist for the client, state the executive and/o	ficial" or "covered legislative branch official" within two
Name	Covered Official Position (if applica
GAMNINOLD DIDAL	
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Filing #9660ff32-69b7-4eff-a4e5-5f753	t 88529e1b - Page 1 of 4

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	Form LD_I (Rev. 06/98)	

. Name	Chen	t Name	
OBBYING ISSUES	as. Select all applicable codes	s listed in instructions and on the	e reverse side of Form LD-1, p
2. Specific lobbying issues (confidence of the confidence of the c	TINL FEDER	TNE CO	ENUCRACI
FFILIATED ORGA 3. Is there an entity other the a semiannual period and the No -> Go to line	han the client that contribut I in whole or in major part	tes more than \$10,000 to the plans, supervises or controls Yes Complete the rest of the	the registratic s loodying a
Name		Address	Principal Place of Busi (city and state or cou

b) directly or in activities of c) is an affiliate of the lobbyi	tity that: 20% equitable ownership is directly, in whole or in mage the client or any organization of the client or any organization.	in the client or any organization part, plans, supervises, considentified on line 13; Or zation identified on line 13:	ontrols, directs, finances of
700 ⇔ 218u aug ga	ne the registration.	matching t registratio	he criteria above, then sign
Name	Address	Principal place of business (city and state or cou	contribution for
		<u></u>	

Printed Name and Title DOCK BUNKT IN Form LD-1 (Rev. 06798)