

**Preston|Gates|Ellis &
Rouvelas|Meeds** LLP

SECRETARY OF THE SENATE
03 AUG 14 PM 4: 23

August 13, 2003

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, D.C. 20515

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

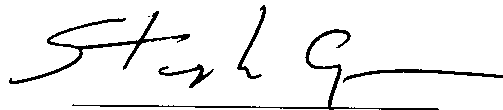
RE: LDA Registration and Reporting Forms

Dear Clerk of the House of Representatives and Secretary of the Senate,

I am hereby enclosing a lobbying registration form and a mid-year 2003 lobbying report for Preston Gates Ellis & Rouvelas Meeds on behalf of the MS Hub. The registration form is being filed late due to a clerical oversight.

If you have any questions about this matter, please do not hesitate to contact me directly at (202) 661-3882.

Sincerely,



Stephen Cooper

Enclosures

1735 NEW YORK AVENUE NW, SUITE 500 WASHINGTON, DC 20006-5209 TEL: (202) 628-1700 FAX: (202) 331-1024 www
Anchorage Coeur d'Alen Hong Kong Los Angeles Orange County Palo Alto Portland San Francisco Seattle Spokane Washi

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SECRETARY OF THE SENATE
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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 04/01/2003
2. House Identification Number 31355- Senate Identification Number 32098-

REGISTRANT

3. Registrant Name **PRESTON GATES ELLIS & ROUVELAS MEEDS LLP**
Address **1735 NEW YORK AVE, NW SUITE 500**
City **WASHINGTON** State **DC** Zip **20006**
4. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) _____
5. Telephone number and contact name Contact E-Mail (optional)
202 628 1700 TERRI PAULK TERRIP@PRESTONGATES.COM
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 label "Self" and proceed to line 10. Self

7. Client Name **MS HUB**
Address **192 Nickerson Street Suite 100**
City **Seattle** State **WA** Zip **98109** **USA**
8. Principal place of business (if different from line 7)
City _____ State/Zip (or Country) _____
9. General description of client's business or activities
Health care provider.

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 listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
STEPHEN COOPER	

Registrant Name: **PRESTON GATES ELLIS & ROUVELAS MEEDS LLP**

Client Name: **MS HUB**

LOBBYING ISSUES

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

BUD

12. Specific lobbying issues (current and anticipated)

Appropriations -- Labor and Health and Human Services.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or 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 Busin (city and state or count

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 entity matching the criteria above, then sign and date the registration.

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

Signature



Date **08/13/2003**

Printed Name and Title

STEPHEN COOPER - Government Affairs Counselor

Form LD-1 (Rev. 06/98)

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