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 2/24/03

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration 9/16/2002			
2. House Identification Number	Senate Identification Number			
REGISTRANT 3. Registrant name DCI Group, LLC				
Address 1133 21st Street, NW - Suite M100				
City Washington	State DC Zip 20036			
4. Principal place of business (if different from line 3) City	State/Zip (or Country)			
5. Telephone number and contact name (202) 546-4242 Contact	t Jami Baustert E-mail (optional)			
General description of registrant's business or activity Public and government affairs firm	ies			
Inbeled "Self" and proceed to line 10. 7. Client name Washington Strategies, LLC Address 2111 Wilson Boulevard City Arlington 8. Principal place of business (if different from line 7)	State VA Zip 22201			
City	State/Zip (or Country)			
General description of client's business or activities Government affairs firm				
this section has served as a "covered executive bra	ed to act as a lobbyist for the client identified on line 7. If any penanch official" or "covered legislative branch official" within two we and/or legislative position(s) in which the person served. Covered Official Position (if applica			
	N/A			
Geoffrey C. Ziebart				

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Form LD-1 (Rev. 06/98)

Registrant Name	DCI Group, LLC	Client Na	me	Washingt	on Strategies, LLC	
LOBBYING ISSUI	ES areas. Select all a	applicable codes list	ed in instructions and or	n the reve	erse side of Form LD-1	
12. Specific lobbying issue Federal appropriation		icipated)				
AFFILIATED ORC 13. Is there an entity othe a semiannual period a	r than the client	that contributes n	nore than \$10,000 to to	he lobby	ving activities of the egistrant's lobbying a	
☐ No ⇒ Go to li	ne 14.	Yes Complete the rest of this section for each entity the criteria above, then proceed to line 14.				
Name		Ac	ldress	L.	Principal Place of Busi (city and state or cou	
University of Wyoming		 Office of the Vice Old Main Building	Pres. for Research I - Room 3005	Larar	nie, WY 82071	
b) directly or a activities o c) is an affilia	entity that: st 20% equitable indirectly, in wh of the client or a	nole or in major pa ny organization id	client or any organiz art, plans, supervises, entified on line 13; 0 1 n identified on line 13	controls r	, directs, finances or	
No ⇒ Sign and date the registration.		Yes Complete the rest of this section for ea matching the criteria above, then sign registration.				
Name	A	ddress	Principal place of business (city and state or cou		Amount of contribution for lobbying activities	
Signature /~~	- N/K			Date_	02/14/200	

Form LD-1 (Rev. 06/98)