Clerk of the House of Representatives Legislative 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

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Assended Registration	Effective Date of Registration April 18, 2000
House Identification Number	Senate Identification Number
REGISTRANT	
. Registrant Name Manatt, Phelps & Phillips	
Address 1501 M Street, NW, Suite 700	
City Washington, D.C.	State Zip 20005
. Principal place of business (if different from line 3) City same as above	State/Zip (or Country)
Telephone number and contact name (202) 463-4300 Contact Jus	ne L. DeHart E-mail (optional)
General description of registrant's business or activities	Law firm
Client Name Keane Tracers, Inc. Address One Tower Bridge – 100 Front Street – Suite 30	WIGHTON
City West Conshohocken	State PA Zip 19428-8896
Principal place of business (if different from line 7) City	State/Zip (or Country)
General description of client's business or activities	Company seeks to unite lost security holders with their unclaimed assets
listed in this section has served as a "covered executive t	o act as a lobbyist for the client identified on line 7. If any person branch official" or "covered legislative branch official" within two executive and/or legislative position(s) in which the person served.
Name	Covered Official Position (if applicable)
Jack W. Buechner	Partner
Robert J. Kabel	Pariner
Michael T. Brown	Associate
Form LD-1 (Rev. 96/98)	Page

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12. Specific lobbying issu	es (current and anticipated)				
HR 3997 and privacy issue	es included but not limited to G	ramm-Leach-Bliley proposals			
13. Is there an entity other	RGANIZATIONS r than the client that contributes d in whele or in major part plate	more than \$10,000 to the lobbying supervises or controls the regi	ng activities of the regi- strant's lobbying activiti	strant in a ics?	
		Yes 8 Complete the rest of this section for each entity match the criteria above, then proceed to line 14.			
Name		Address		Principal Place of Business (city and state or country)	
FOREIGN ENT 14. Is there any foreign en					
la. Is there any foreign er a) holds at lea b) directly or i activities of	ntity that: st 20% equitable ownership in indirectly, in whole or in major of the client or any organization it of the client or any organization it of the client or any organization.	the client or any organization ide part, plans, supervises, controls, identified on line 13; or ion identified on line 13 and has	directs, finances or sub-		
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