Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REGISTRATIO	${f N}$	PUBLIC III	
Lobbying Disclosure Act of 1995 (Section 4)		02 AUG 14 PH 12:	
Check if this is an Amended Registration	1. Effective Date of Registration	August 1, 2002	
2. House Identification	Senate Identification		
Number	Number		
REGISTRANT			
3. Registrant Name Covington & Burling			
Address 1201 Pennsylvania Avenue	, N.W.		
City Washington	State DC	Zip 20004	
4. Principal place of business (if different from	line 3)	F	
City	State/Zip (or Cour	ntry)	
5. Telephone number and contact name	1444	***********	
(202) 662-5900 Contact Rode	rick A. DeArment Email ((optional)	
***************************************		nent@cov.com	
6. General description of registrant's business	or activities Law firm		
CLIENT A Lobbying firm is required to file a sep	and a registration Co		
should check the box labeled "Self" an		ganizations employing in-nous	
7. Client Name Partners HealthCareSystem	, Inc.		
Address Prudential Tower, Suite 115			
City Boston	State MA	Zip 02199-80 0	
8. Principal place of business (if different from	line 7)	***************************************	
City	Ci. (C7' / 2')	utry)	
9. General description of client's business or ac	ctivities Hospitals and healt	h care delivery.	
	-	·	
LOBBYISTS			
10. Name of each individual who has acted or is	expected to act as a lobbyist	for the client identified	
line 7. If any person listed in this section ha	s served as a "covered execut	tive branch official" or	
"covered legislative branch official" within t	wo years of first acting as a l	obbyist for the client, st	
the executive and/or legislative position(s) in	which the person served		
Name	Covered Official P	osition (if applicable)	
Roderick A. DeArment			
Joan L. Kutcher	 ,		
oun L. izutenți	- Participation		

Registrant Name Cov	ington & Burling	Cli	ent Name <u>Part</u>	ners HealthCareSys	<u>tem, Inc.</u>
LOBBYING ISS 11. General lobbyin of Form LD-1, p	g issue areas. Select	all applicable co	des listed in in	nstructions and on th	ie revers
12. Specific lobbyin	g issues (current and r Long Term Care H		pposed regula	tions establishing	a prospe
13. Is there an entity of the registrant	ORGANIZATION of other than the client in a semiannual periostrant's lobbying active line 14.	that contributes d and in the who	ole or major pa Yes ∜ Com each entity i	art plans, supervises uplete the rest of this matching the criterion.	s or s section
Name		Address	proceed to 1	Principal Place (city and state of	
b) direct subsid c) is an a		ole or in major p client or any orga r any organizatio	art, plans, sup anization ident	pervises, controls, di tified on line 13; or	irects, fin
⊠ No ⇒ Sign	and date the registrati	on.	each entity r	plete the rest of this matching the criteria te the registration	
Name	Address	Bu (city ar	al place of siness ad state or antry)	Amount of contribution for lobbying activities	Own percer cli
Signature Printed Name and T	itle Roderick A. Dad			Date <u>August 13</u>	3, 2002