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 SECRETARY OF THE SEI 05 NOV 30 AM 10: 1

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration 10/1/2005			
2. House Identification Number	Senate Identification Number			
REGISTRANT 3. Registrant name King & Spalding LLP				
Address 1700 Pennsylvania Avenue, NW				
Ciby Manager	State DC Zip 20006			
4. Principal place of business (if different from				
5 Telephone number and contact name	Contact Andrew L. Woods E-mail (optional)			
6. General description of registrant's business of Law Firm				
labeled "Self" and proceed to line 10. 7. Client name Alere Medical Incorporated.	•			
Address 595 Double Fagle Court Sui				
City Reno	State NV Zin 90511 9001			
8. Principal place of business (if different from City N/A	line 7) State/Zip (or Country) N/A			
9. General description of client's business or ac Disease management services				
this section has served as a "covered execu	expected to act as a lobbyist for the client identified on line 7. If any pertive branch official" or "covered legislative branch official" within two executive and/or legislative position(s) in which the person served.  Covered Official Position (if applical			
Andrew L. Woods	Covered Official Position (if applical			
Connie Mack				
Viraj Mirani				
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egistrant Name King	& Spalding LLP	Client Name	A	lere Medical Inc.
LOBBYING ISSUES 11. General lobbying issue are		ble codes listed in instruct	ions and on the r	everse side of Form LD-
12. Specific lobbying issues (o Disease management is	<del>-</del>	d)		
AFFILIATED ORGA  13. Is there an entity other the a semiannual period and  ✓ No⇔ Go to line	nan the client that c I in whole or in maj	or part plans, supervises	or controls the	
Name		the criteria above, then proceed to line 14.		
	.,.,,,,,,,			Principal Place of Bu (city and state or co
b) directly or ind activities of th c) is an affiliate o	ty that:  20% equitable owner  irectly, in whole or  ne client or any orga-  of the client or any	ership in the client or any in major part, plans, sup anization identified on li organization identified o	pervises, contro ne 13; <b>or</b>	ls, directs, finances or
of the lobbying  No ⇒ Sign and date			-	st of this section for e
			natching the cri registration.	iteria above, then sign
Name	Address	Princip bu	pal place of siness tate or country)	Amount of contribution for lobbying activities

Signature

11/17/200!

Date

Form LD-I (Rev. 06/98)