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# LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name DCI ASSOCIATES, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 1133 21ST STREET NW SUITE M-100 WASHINGTON DC 20036			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name DOUGLAS B. DAVENPORT	Telephone (202) 546-4242	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self HEALTHPARTNERS/REGIONS HOSPITALS			6. House ID # 353

**TYPE OF REPORT** 8. Year 2001 Midyear (January 1-June 30)  OR Year End (July 1-De

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇒ Termination Date 31-JAN-02

11. No Lobbyir

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>80,000.00</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this re period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indica accounting method. See instructions for description c</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defin</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature \_\_\_\_\_

Printed Name and Title DOUGLAS B. DAVENPORT, MANAGING DIRECTOR



Registrant Name DCI ASSOCIATES, LLC Client Name HEALTHPARTNERS/REGIONS HOSPITA

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

MEDICAID REIMBURSEMENT

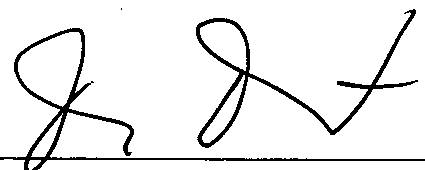
17. House(s) of Congress and Federal agencies contacted  Check if None

US SENATE  
US HOUSE OF REPRESENTATIVES  
HHS

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
TONY FEATHER	N/A
DOUGLAS DAVENPORT	N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature  Date 2/13/08

Printed Name and Title DOUGLAS B. DAVENPORT, MANAGING DIRECTOR



Registrant Name DCI ASSOCIATES, LLC Client Name HEALTHPARTNERS/REGIONS HOSPITA

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

HEALTH ISSUES

17. House(s) of Congress and Federal agencies contacted  Check if None

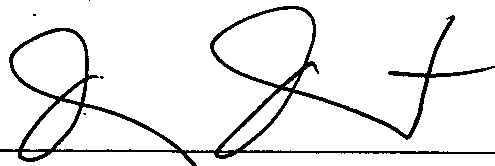
US SENATE  
US HOUSE OF REPRESENTATIVES  
HHS

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DOUGLAS DAVENPORT	N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature



Date

2/13/08

Printed Name and Title DOUGLAS B. DAVENPORT, MANAGING DIRECTOR

