

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
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**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration August 15,

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

**REGISTRANT**3. Registrant name DCI Associates LLCAddress 1133 21st St NW Suite M100City 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) 546-4242Contact Doug Davenport

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Lobbying and Public Policy Management

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.*  Self

7. Client name HealthPartners/Regions HospitalAddress 8100 34th Avenue South PO Box 1309City Minneapolis State MN Zip 55440-1309

8. Principal place of business (if different from line 7)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

Medicaid Reimbursement, Healthcare**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any individual in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Tony Feather</u>	<u>n/a</u>
<u>Doug Davenport</u>	<u>n/a</u>
_____	_____
_____	_____



Registrant Name DCI Associates Client Name HealthPartners/Rec

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD

HCR MM

12. Specific lobbying issues (current and anticipated)

Medicaid Reimbursement, Healthcare

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇨ Go to line 14.  Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or cc

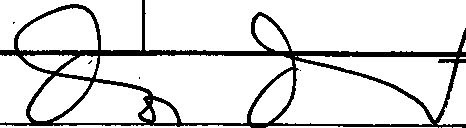
**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances o activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in of the lobbying activity?

No ⇨ Sign and date the registration.  Yes ↓ Complete the rest of this section for e matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature  Date 9/17/01

Printed Name and Title Doug Davenport ~~XXXXXXXXXXXXXXXXXXXX~~ Managing D

