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| 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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SECRETARY OF THE SENATE

05 JUN 22 PM 1:34

LOBBYING REPORT

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

| | | | |
|---|--------------|-----------------------|------------------------|
| 1. Registrant Name Douglas J. Franzen | | | |
| 2. Address <input checked="" type="checkbox"/> Check if different than previously reported 33 South Sixth Street, Suite 4900 | | | |
| 3. Principal Place of Business (if different from line 2) City: Minneapolis State/Zip (or Country) MN 55402 | | | |
| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # |
| Douglas J. Franzen | 612-340-7902 | dfranzen@riderlaw.com | 55382 |
| 7. Client Name <input type="checkbox"/> Self Blue Cross Blue Shield of Minnesota | | | 6. House ID # 35875 |

TYPE OF REPORT 8. Year 2004 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 _____

11. No Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|--|--|
| <p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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 align="center">13. Organizations</p> <p>EXPENSES 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>14. REPORTING METHOD. Check box to indica accounting method. See instructions for description</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> |
|--|--|

Signature _____

Printed Name and Title Douglas J. Franzen

LD-2 (REV. 6/98)

Registrant Name Douglas J. Franzen Client Name Blue Cross Blue Shield of Minn

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th 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 HCR (one per page)

16. Specific lobbying issues

Patient's Bill of Rights

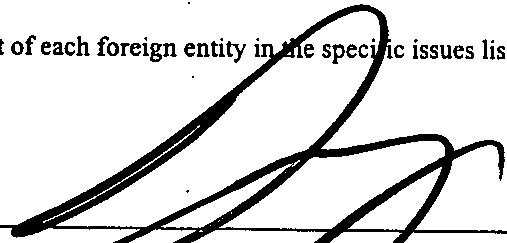
17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
Senate

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

| Name | Covered Official Position (if applicable) |
|--------------------|---|
| Douglas J. Franzen | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature 

Date _____

Printed Name and Title Douglas J. Franzen

Form LD-2 (Rev. 6/98)

Page

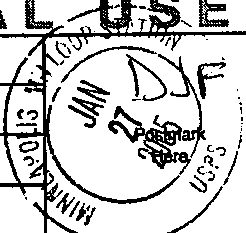
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature X <i>R. DAVIS</i></p> <p>B. Received by (Printed Name) <i>R. DAVIS</i></p> <p>C. <i>0</i></p> |
| <p>1. Article Addressed to:</p> <p><i>Secretary of the Senate Office of Public Records 232 Hart Building Washington D.C. 20510</i></p> | <p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p><i>70931310 0005115173412148</i></p> |
| <p>PS Form 3811, August 2001 Domestic Return Receipt</p> | |

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OFFICIAL USE

| | |
|---|-----------------------|
| Postage | \$ <i>0.37</i> |
| Certified Fee | <i>2.30</i> |
| Return Receipt Fee (Endorsement Required) | <i>1.75</i> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <i>4.42</i> |



(BCB)

| | |
|------------------------------------|--------------------------------|
| Sent To | <i>Secretary of the Senate</i> |
| Street, Apt. No., or PO Box No. | <i>232 Hart Bldg.</i> |
| City, State, ZIP+4 | <i>Washington DC 20510</i> |

PS Form 3800, June 2002 See Reverse for Instructions

