

99 AUG 23 AM 10:00

LOBBYING REPORT

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

| | | | |
|--|----------------------------------|--|-----------------------------------|
| 1. Registrant Name <i>Rocky Mountain Health Care Corp.</i> | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported <i>700 BROADWAY</i> | | | |
| 3. Principal Place of Business (if different from line 2) City: <i>DENVER</i> State/Zip (or Country): <i>CO 80273</i> | | | |
| 4. Contact Name <i>CARL MILLER</i> | Telephone <i>303-831-5810</i> | E-mail (optional) <i>CEMILLE@BLUEMILL.COM</i> | 5. Senate ID # <i>33567-12</i> |
| 7. Client Name <input type="checkbox"/> Self | | | 6. House ID # <i>30724000</i> |

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|--|---|
| <p>12. Lobbying Firms</p> <p>INCOME 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 type="checkbox"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |
|--|---|

Signature _____

Printed Name and Title *V.P. Govt Relations*

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

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

16. Specific lobbying issues

| | | |
|--------|-------|--------|
| HR10 | HR358 | S. 573 |
| HR448 | HR719 | S. 881 |
| HR1941 | SIG | S. 374 |
| HR216 | | |

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

House
Senate

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

| Name | Covered Official Position (if applicable) | Yes |
|--------------------|---|--------------------------|
| <u>CARL MILLER</u> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature [Signature] Date 8/16/99
 Printed Name and Title V.P. GOV'T RELATIONS

Rocky Mountain Health Care Corp.
Registrant Name _____ Client Name _____

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

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

16. Specific lobbying issues

HR 1687 HR 2362
HR 1136
S. 326

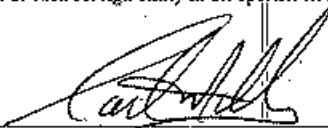
17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate

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

| Name | Covered Official Position (if applicable) | New |
|-------------|---|--------------------------|
| | | <input type="checkbox"/> |
| CARL MILLER | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature  Date 8/16/99
Printed Name and Title V.P. GOV'T RELATIONS

Rocky Mountain Health Care Corp.
Registrant Name Client Name

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

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

16. Specific lobbying issues
HR 664

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

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

| Name | Covered Official Position (if applicable) | New |
|--------------------|---|--------------------------|
| <u>Carl Miller</u> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature [Signature] Date 8/16/99
Printed Name and Title V.P. GOV'T RELATIONS

Rocky Mountain Health Care Corp.
Registrant Name Client Name

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

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

16. Specific lobbying issues

MEDICARE + CHOICE ISSUES
HR 2356

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

HOUSE
SENATE

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

| Name | Covered Official Position (if applicable) | New |
|--------------------|---|--------------------------|
| <u>CARL MILLER</u> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature [Signature] Date 8/16/99
Printed Name and Title V.P. GOV'T RELATIONS

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

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

16. Specific lobbying issues

HR 1404

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

HOUSE
SENATE

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

| Name | Covered Official Position (if applicable) | New |
|--------------------|---|--------------------------|
| <u>PAUL MILLER</u> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature [Signature] Date 8/16/99
Printed Name and Title V.P. GOV'T RELATIONS

Registrant Name Rocky Mountain Health Care Corp. Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address _____

21. Client new principal place of business (if different from line 20)
City _____ State/Zip (or Country) _____

22. New general description of client's business or activities _____

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

KOGOVSEK AND ASSOCIATES

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain _____

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Business (city and state or country) |
|------|---------|--|
| | | |

26. Name of each previously reported organization that is no longer affiliated with the registrant or client _____

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Ownership percentage in client |
|------|---------|--|---|--------------------------------------|
| | | | | |

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization _____

Signature [Signature] Date 8/16/99
Printed Name and Title VP, GOVT RELATIONS