

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  
04 SEP -3

## LOBBYING REPORT

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

|  |                                  |   |                                  |
|--|----------------------------------|---|----------------------------------|
| 1. Registrant Name<br><b>Capitol Health Group, LLC</b>   |                                  |   |                                  |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported<br>Address <b>1100 New York Avenue, NW Suite 200M</b><br>City <b>Washington</b> State/Zip (or Country) <b>DC 20005-6104</b> |                                  |   |                                  |
| 3. Principal Place of Business (if different from line 2)<br>City _____ State/Zip (or Country) _____   |                                  |   |                                  |
| 4. Contact Name<br><b>Layna Peltier</b>  | Telephone<br><b>202-216-2255</b> | E-mail (optional)<br><b>Layna@caphg.com</b> | 5. Senate ID #                   |
| 7. Client Name <input type="checkbox"/> Self<br><b>Kindred Healthcare, Inc.</b>  |                                  |   | 6. House ID #<br><b>35502018</b> |

**TYPE OF REPORT** 8. Year 2004 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 Activities

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

| 12. Lobbying Firms   | 13. Organizations   |
|--|---|
| <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"/> &gt;&gt; \$ <u>\$40,000.00</u><br/>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>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> &gt;&gt; \$ _____<br/>Expenses (nearest \$ _____)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate reporting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |

Signature *Layna Peltier* Date 11/01/2007

Printed Name and Title Layna Peltier - Principal F



Registrant Name: Capitol Health Group, LLC

Client Name: Kindred Healthcare, Inc.

**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  
**Annual Update for Inpatient Hospital Prospective Payment System**

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

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

| Name                     | Covered Official Position (if applicable) |
|--------------------------|---|
| <b>Bromberg, Michael</b> |   |
| <b>Coughlin, Shawn</b>   |   |
| <b>Jenning, Steve</b>    |   |
| <b>Peltier, Layna</b>    |   |
|                          |   |
|                          |   |
|                          |   |

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

Signature \_\_\_\_\_ Date 11/20/2009

Printed Name and Title Layna Peltier - Principal F



Registrant Name: Capitol Health Group, LLC

Client Name: Kindred Healthcare, Inc.

**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  
**Annual Update for Inpatient Hospital Prospective Payment System**

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

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

| Name                     | Covered Official Position (if applicable) |
|--------------------------|---|
| <b>Bromberg, Michael</b> |   |
| <b>Coughlin, Shawn</b>   |   |
| <b>Jenning, Steve</b>    |   |
| <b>Peltier, Layna</b>    |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Layna Peltier - Principal** \_\_\_\_\_ P

