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SECRETARY OF STATE
03 NOV -5 PM

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 10/30/2003

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Sidley Austin Brown & Wood LLP

Address 1501 K Street NW

City Washington

State DC

Zip 20005

4. Principal place of business (if different from line 3)

City same

State/Zip (or Country)

5. Telephone number and contact name

(202) 736-8162

Contact John Wester

E-mail (optional) jwester@

6. General description of registrant's business or activities

law firm

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

7. Client name Apria Healthcare, Inc.

Address 26220 Enterprise Court

City Lake Forest

State CA

Zip 92630-8400

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

City Same

State/Zip (or Country)

9. General description of client's business or activities National supplier of durable medical equipment, oxygen therapy, and related supplies.

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 person 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>John Wester</u> | |
| <u>Bill Sarraille</u> | |
| <u>Anna Spencer</u> | |

Alice Slayton Clark

Form LD-1 (Rev. 04/03)

Registrant Name Sidley Austin Brown & Wood LLP Client Name Apria Healthcare, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pag

MMM

12. Specific lobbying issues (current and anticipated)

Regulation and reimbursement of Medicare and Medicaid suppliers.

AFFILIATED ORGANIZATIONS

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

No ⇨ Go to line 14.

Yes ⇩ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

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

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; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsid 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 the outcome of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ⇩ Complete the rest of this section for each matching the criteria above, then sign and registration.

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

Signature *John Wester* Date 11-11-11

Printed Name and Title John Wester, Of Counsel

Form LD-1 (Rev. 04/03)