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 O

LOBBYING REPORT

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

| I. Registrant Name | | | | | |
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| Foley Hoag LLP | | | | | |
| | erent than previously reported | | | | |
| 155 Seaport Boulevard | • | | | | |
| | | | ••••• | | |
| 3. Principal Place of Business (if diff | | 00040 | | | |
| City: | Boston MA 02210 State/zip (or Country) | | | | |
| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # | | |
| Christopher Spiro | (617) 832-3073 | cspiro@foleyhoag.com | 79610-618 | | |
| 7. Client Name | | | 6. House ID # 32340-42 | | |
| | | on Date | 11. No Lobbyin | | |
| INCOME OR EXP | ENSES - Complete Eitl | | 11. No Lobbying | | |
| INCOME OR EXP | | | | | |
| INCOME OR EXP 12. Lobb INCOME relating to lobbyin | ENSES - Complete Eith | ner Line 12 OR Line 13 | nizations | | |
| INCOME OR EXP 12. Lobb INCOME relating to lobbyin period was: | ENSES - Complete Eith | ner Line 12 OR Line 13 13. Orga EXPENSES relating to lobbying a | nizations | | |
| INCOME OR EXP 12. Lobb INCOME relating to lobbyin period was: Less than \$10,000 | ENSES - Complete Eith | ner Line 12 OR Line 13 13. Orga EXPENSES relating to lobbying a period were: | nizations | | |
| INCOME OR EXP 12. Lobb INCOME relating to lobbying period was: Less than \$10,000 □ \$10,000 or more ☑ ⇔ \$ Provide a good faith estimate, | ENSES - Complete Either | 13. Orga EXPENSES relating to lobbying a period were: Less than \$10,000 □ \$10,000 or more □ \$ | nizations ctivities for this report Expenses (nearest \$20,000) eck box to indicate ex | | |
| 12. Lobb INCOME relating to lobbyin period was: Less than \$10,000 □ \$10,000 or more ☑ ➪ \$ Provide a good faith estimate, of all lobbying related incom | ENSES - Complete Either Prints ag activities for this reporting \$60,000.00 Income (nearest \$20,000) The rounded to the nearest \$20,000 are from the client (including all y any other entity for lobbying | 13. Orga EXPENSES relating to lobbying a period were: Less than \$10,000 □ \$10,000 or more □ \$ 14. REPORTING METHOD. Chaccounting method. See instruction □ Method A. Reporting amounts | nizations ctivities for this report Expenses (nearest \$20,000) eck box to indicate ex s for description of op ats using LDA definition ts under section 6033(| | |

| Signature — | Date | |
|------------------------|------|-----------|
| Printed Name and Title | | |
| LD-2 (REV. 4/03) | | PAGE 1 of |

| Registrant Name | Foley Hoag LLP | Client Name | Novartis |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|
| LOBBYING ACTIVE engaged in lobbying of information as requested. | VITY. Select as many coon behalf of the client during the distribution of the client during the distribution of the code MMM (one | ng the reporting period. s) as needed. | ct the general issue areas in which the Using a separate page for each cod |
| 15. General issue area | code (one | per page) | |
| 16. Specific lobbying i | ssues | | |
| Medicare coverage a | nd reimbursement | | |
| 17. House(s) of Congr | ess and Federal agencies co | ontacted | eck if None |
| U.S. Senate U.S. House of Rep | re & Medicaid Services resentatives vidual who acted as a lobb | yist in this issue area | |
| | Name | C | Covered Official Position (if applicable) |
| Nick Littlefield | | | |
| | | | enate Committee on Health, |
| Paul Kim | | | Labor, and Pensions |
| | | | |
| | | | |
| | | | . (|
| 19. Interest of each for | reign entity in the specific is | sues listed on line 16 abov | ve |
| Signature | I have field |) | Date |

| Printed Name and Title | Nick Littlefield, Partner | |
|------------------------|---------------------------|--|
|------------------------|---------------------------|--|

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