

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
07 MAR 14 1

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration MARCH 1

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name

THE ARTEMIS GROUP

Address

1101 PENNSYLVANIA AVE.

City

WASHINGTON

State

DC

Zip

20004

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

City

ANNAPOLIS

State/Zip (or Country)

MD 2140

5. Telephone number and contact name

(410) 295-9550

Contact

Shaila Aery

E-mail (optional)
Saery@artemi

6. General description of registrant's business or activities

GOVERNMENT RELATIONS - CONSULTING

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

SLEEP SOLUTIONS

Address

8028 RITCHIE HIGHWAY, SUITE 120

City

PASADENA

State

MD

Zip

21122

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

City

State/Zip (or Country)

9. General description of client's business or activities

MEDICAL DEVICE MANUFACTURER

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 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>Shaila Aery</u>	

0000050091



Form LD-1 (Rev. 06/98)

Registrant Name Artemis Group Client Name Sleep Solutions

LOBBYING ISSUES

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

VET HCR MMM

12. Specific lobbying issues (current and anticipated)

Medical Devices

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14.

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

Name	Address	Principal Place of Bu (city and state or co

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 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 t of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for ea matching the criteria above, then sign registration.

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

0000050092

Signature Shaila R. Aery Date 2-5-07
Printed Name and Title Shaila R. Aery PARTNER