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 THE SENATE 05 MAY 19 AM 11:23

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration 2/16/2005	
2. House Identification Number	Senate Identification Number	
REGISTRANT 3. Registrant name King & Spalding, LLP		
Address 1700 Pennsylvania Avenue, N.W.		
City Washington	State DC Zip 20006	
4. Principal place of business (if different from line 3) City	State/Zip (or Country)	
5. Telephone number and contact name	et Andrew L. Woods E-mail (optional)	
 General description of registrant's business or activit Law Firm 		
CLIENT A Lobbying firm is required to file a separate regis labeled "Self" and proceed to line 10. 7. Client name Detroit Medical Center	stration for each client. Organizations employing in-house lobbyists should c	
Address 3663 Woodward Avenue, 5th Floor		
City Detroit	State MI Zip 48201	
8. Principal place of business (if different from line 7) City	State/Zip (or Country)	
9. General description of client's business or activities Hospital System		

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 p this section has served as a "covered executive branch official" or "covered legislative branch official" within two 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 applic
Andrew L. Woods	
Viraj Mirani	

Form LD-1 (Rev. 06/98)

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egistrant Nai	ne	King & Spalding, LLP	Client Name	Detroit Medical Center
	ING ISS		cable codes listed in instruct	ons and on the reverse side of Form L

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 I Complete the rest of this section for each entit
	the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or co
	1	

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;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances o 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 of the lobbying activity?
- \Box No \Rightarrow Sign and date the registration.
- Yes U Complete the rest of this section for e matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
A			
Signature / 2		Date_	5/1h/os

Form LD-1 (Rev. 06/98)