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LOBBYING REPORT

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

| | | | |
|--|---|---|-----------------------------------|
| 1. Registrant name Evergreen Associates, LTD | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 206 G Street NE Washington DC 20002 US | | | |
| 3. Principal place of business (if different than line 2) City: _____ State/Zip or Country: _____ | | | |
| 4a. Contact Name Mr. Robert Brooks | b. Telephone number (202) 5543-3383 | c. E-mail evergreen@evergreendc.com | 5. Senate ID # 13984-20 |
| 7. Client Name <input type="checkbox"/> Self Franciscan Health System | | | 6. House ID # 3029201 |

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|---|--|
| <p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</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>13. Organizations</p> <p>EXPENSES 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"/> ⇒ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p> |
|---|--|

Signature *Robert M. Brooks* Date 2-10-05 Edit >

Printed Name and Title Robert M. Brooks President

Registrant Name Evergreen Associates, LTD

Client Name Franciscan Health System

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code HCR - Health Issues (one per page)

16. Specific lobbying issues

Health Care

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

Senate
House of Representatives
Department of Defense

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

| Name | | Covered Official Position (if applicable) |
|--------|--------|---|
| Robert | Brooks | N/A |
| Paul | Grove | N/A |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

Signature 

Date 2-10-05

Printed Name and Title Robert M. Brooks President

Registrant Name Evergreen Associates, LTD

Client Name Franciscan Health System

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different than line 20)

City

State/Zip

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Kate Eckhart

Jared Frost

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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


26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, affiliated organization

Signature 

Date 2-10-05

Printed Name and Title Robert M. Brooks President

