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

| 1. Registrant name | | | | |
|---|---|---|---|--|
| Organization The Franklin Partne | ership, LLP | , | • | |
| 2. Address Check if different than pro | eviously reported | *************************************** | | |
| 122 C Street, NW | | | Suite 850 | |
| City Washington | State | DC | Zip Code 20001 | Country US |
| 3. Principal place of business (if different than line 2 |) | *************************************** | TANTAN (PA. 1941.) | |
| City City | State Stat | e/Zip or Country | Zip Code | Country |
| la. Contact Name b. Telepho Prefix Full Name | one number | c. E | I-mail | 5. Senate ID# |
| Mr. Jeff Mrowka 202-393- | 8250 jm | rowka@frank | linpartnership.com | ***** |
| 7. Client Name Self IntraFUSION | | | | 6. House ID # 3758801 |
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Printed Name and Title Omar Nashashibi, Partner

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| Registrant Name | The Franklin Partnership, LLP | Client Name IntraFUSION |
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| engaged in lobb | ACTIVITY. Select as many codes as n bying on behalf of the client during the requested. Attach additional page(s) as | necessary to reflect the general issue areas in which the reporting period. Using a separate page for each code needed. |
| 15. General issu | ne area code MMM - Medicare/Medicaio | (one per page) |
| 16. Specific lob | bying issues | |
| Medicare re | imbursement` | |
| 17. House(s) of | Congress and Federal agencies contact | ted Check if None |
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| 19. Interest of ea | ach foreign entity in the specific issues | listed on line 16 above Check if None |
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Printed Name and Title Omar Nashashibi, Partner Omar Nashashibi, Partner

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