Clerk of the House of Representatives Legislative Resource Center B-106 Catnon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

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LOBBYING REPORT

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L. Registrant Name Conjust Accordance Inc.			
Capitot Associates, Inc.		p	
. Address			
426 C Street, NE, Washington, DC 20002	***************************************		
Principal Place of Business (if different from line 2)			
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	Felephone	E-mail (optional)	5. Senate ID #
Debra M. Hardy Havens	202) 544-1880	dh@capitolassociates.com	8101-951
. Clicat Name Self			6. House ID#
ModReview, Inc.			30813089
NCOME OR EXPENSES - Complete Either	Line 12 OR Line		
INCOME OR EXPENSES - Complete Either	Line 12 OR Line		······································
12. Lobbying Firms		33. Organizations	
NCOME relating to lobbying activities for this reporting			
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Registrant Name Capitol Associates, Inc.	Client Name MedReview, Inc.			
LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.				
15. General issue area code	page)			
16. Specific lobbying issues Develop support for specific claims review program for Part A of Medicare				
17. House(s) of Congress and Federal agencies contacted	Check if None	•		
House Senate Health Care Financing Administration General Accounting Office Health & Human Services` Inspector General's office				
18. Name of each individual who acted as a lobbyist in this is Name Witten A, Fidertrock	Sue area Covered Official Position (if applicable)	New		
Matthew Williams	er kersek kelerister (1997) keleri i Priristik kelek kelek kelek i Szenzek kelek kelenden melenden kel			
Edward Long	• #			
Debra Hardy Havens	***************************************			
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19. Interest of each foreign entity in the specific issues listed	on line 16 above - March of None			
Signature				
Printed Name and Title Debra M. Hardy Havens, CEO				
Form 1.D-2 (Rev. 06/98)	. PAGE <u>2</u>	of _3_		

Registrant Name Capitol Associates, Inc. Client	Name <u>MedReview Inc.</u>	
LOBBYING ACTIVITY. Select as many codes as necessal engaged in lobbying on behalf of the client during the reportinformation as requested. Attach additional page(s) as needed.	ng period. Using a separate page for each co	
15. General issue area codeBUD(one per pa	ge)	
16. Specific lobbying issues		
Develop support for specific claims review program H.R. Department of Labor, Health and Human Serv Report language regarding a medicare demon	vices. Education and Related Agencies Appropri	istions 2001
 Department of Labor, Health and Human Ser- Report language regarding a medicare demor 	vices, Education and Related Agencies Appropri stration project	íations 2001
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House Senate General Accounting Office Health & Human Services' Inspector General's office		
 Name of each individual who acted as a lobbyist in this is Name 	Sue area Covered Official Position (if applicable)	New
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Matthew Williams	***************************************	
Édward Long	6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7	
Debra Hardy Havens		
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19. Interest of each foreign entity in the specific issues listed	on line 16 above 🖾 Check if None	
Signature		
Printed Name and Title Debra M. Hardy Havens, CEO		
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