

Printed Name and Title Mike Willis, Consultant

LD-2 (REV. 6/98)

00000891615

Registrant Name _____ Client Name _____

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 MMM (one per page)

16. Specific lobbying issues
Medicare / Prescription Drugs

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

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

Name	Covered Official Position (if applicable)
<u>Mike Willis</u>	

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

Signature Mike Willis Date 11/15/04

Printed Name and Title Mike Willis Consultant

