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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration **02/21**

2. House Identification Number

Senate Identification Number

### REGISTRANT

3. Registrant name **Patton Boggs LLP**

Address **2550 M Street, NW**

City **Washington**

State **DC**

Zip **20037**

4. Principal place of business (if different from line 3)

City

State/Zip (or Country)

5. Telephone number and contact name

**James B. Christian**

Contact **202-457-6484** E-mail (optional)

6. General description of registrant's business or activities

**Law firm**

### CLIENT

7. Client name **Quova, Inc.**

Address **333 West Evelyn Avenue**

City **Mountain View**

State **CA**

Zip **94041**

8. Principal place of business (if different from line 7)

City

State/Zip (or Country)

9. General description of client's business or activities

**Provider of software solutions for information management.**

### 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 this section has served as a "covered executive branch official" or "covered legislative branch official" within 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 applicable)
<b>Michael Driver</b>	
<b>John Garrett</b>	
<b>Michael Power</b>	
<b>Stephen McHale</b>	<b>Deputy Administrator, TSA</b>

Form LD-1 (Rev 06/98)



Registrant Name **Patton Boggs LLP**

Client Name **Quova, Inc.**

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on reverse side of Form LD-  
**BAN BUD DEF HOM**

12. Specific lobbying issues (current and anticipated)  
**Information management.**

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the regi  
semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying activit

No ⇒ Go to line 14.

Yes

Complete the rest of this se  
entity matching the criteria  
proceed to line 14.

Name	Address	Principal Place (city and state)

**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 1.
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances 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 the lobbying activity?

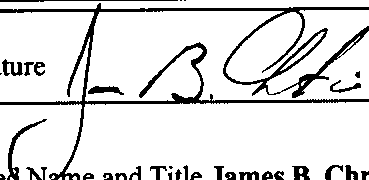
No ⇒ Sign and date the registration

Yes

Complete the rest of this sectio  
matching the criteria above, th  
registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activiti

Signature



Date: 08/12/2005

Printed Name and Title **James B. Christian, Partner**

