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

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LOBBYING REPORT

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more	egiand	nt name				
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Providence RI 02909 3. Principal place of business (if different than line 2) City State/Zip or Country 4a. Contact Name	2. Address	Check if d				***************************************
3. Principal place of business (if different than line 2) City State/Zip or Country 4a. Contact Name		408 Broadway				
State Zip or Country 4a. Contact Name b. Telephone number c. E-mail Mr. Richard M. McAufffe, Jr. 401-331-1300 mcauliff@mayforthgroup.com TYPE OF REPORT 8. Year 2006 Midyear (January I-June30) OR Year End (July I-Dec 9. Check if this filing amends a previously filed version of this report 10. Check if this fis a Termination Report TYPE OF EXPENSES - Complete Either Line 12 OR Line 13 12. Lobbying Firms INCOME OR EXPENSES - Complete Either Line 12 OR Line 13 12. Lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more \$ \$ \$ 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). **H. REPORTING METHOD. Check box to indicate accounting method. See instructions for description 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). **H. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of linemal Revenue Code Method A. Reporting amounts under section 162 Revenue Code Method C. Reporting amounts under section 162 Revenue Code		Providence		RI	02909	
4a. Contact Name b. Telephone number c. E-mail f. Richard M. McAuliffe, Jr. 401-331-1300 rmcauliffe@mayforthgroup.com 7. Cliem Name	3. Principal	place of business (if different	ent than line 2)			
Mr. Richard M. McAufffe, Jr. 401-331-1300 rmcauliffe@mayforthgroup.com 7. Client Name			······	State/Zip or Country		
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Registrant Name Mayforth Group, LLC	Client Name CompuClaim
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15. General issue area code MMM - Medicare/Medicaid	(one per page)
16. Specific lobbying issues	
Monitor Legislation for Medicaid reimbursements	
17. House(s) of Congress and Federal agencies contacted	None House Senate Other
18. Name of each individual who acted as a lobbyist in th	
Name	Covered Official Position (if applicable)
Richard McAuliffe Jr.	
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19. Interest of each foreign entity in the specific issues lis	téd on line 16 above X Check if None
Signature Document digitally signed on Page 1.	Date 8/7/2006

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