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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 July 30, 2

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name MAX CLELAND

Address 2460 PEACHTREE ROAD N.W. Apt. 11C

City ATLANTA State GA Zip 30305

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

City SAME AS ABOVE State/Zip (or Country)

5. Telephone number and contact name

404 549-7238 Contact Ms. LINDA DEAN MAXCleland@ E-mail (optional)

6. General description of registrant's business or activities

CONSULTING + Public SPEAKING

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should che

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name TISSUE REGENERATION TECHNOLOGIES

Address 110 ARNOLD MILL PARK, Suite 400

City WOODSTOCK State GA Zip 30188

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

City State/Zip (or Country)

9. General description of client's business or activities

HIGH TECH WOUND CARE DEVELOPMENT

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 any per this section has served as a "covered executive branch official" or "covered legislative branch official" within two 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 applicat
MAX CLELAND	

30000830082

Form LD-1 (Rev. 06/98)

Registrant Name MAXCLELAND Client Name TISSUE RegenerationTec

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1

HCR

12. Specific lobbying issues (current and anticipated)

COMBAT WOUND INITIATIVE Regarding HEALING WOUNDS of WAR

AFFILIATED ORGANIZATIONS

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

☑ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Busi (city and state or cou

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 13; **o**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or s 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 in th of the lobbying activity?

☑ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for eac matching the criteria above, then sign a registration.

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

Signature _____ Date 5 Apr '07

00008003

Printed Name and Title MAX CLELAND, FORMER U.S. SENATOR

Form LD-1 (Rev. 06/98)