

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required To Complete This Page**

1. Registrant Name:

TIMMONS AND COMPANY, INC.

2. Address:

1875 EYE STREET, NW SUITE 400, WASHINGTON, DC 20006

3. Principal place of business (if different from line 2):

Country: _____ City: _____ State/Zip(or Country): _____

4. Contact Name: MICHAEL J. BATES

Telephone: 202-331-1760

E-mail (optional): mb@timmonsandco.com

Senate ID #: 38164-924

House ID #:

7. Client Name: Self

Kinetic Concepts, Inc.

TYPE OF REPORT

8. Year 2006 Midyear (January 1 - June 30): **OR** Year End (July 1 - December 31):

9. Check if this filing amends a previously filed version of this report:

10. Check if this is a Termination Report: => Termination Date: _____ 11. No Lobbying Activity:

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: => Income (nearest \$20,000): 200,000.00

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more: => Expenses (nearest \$20,000): _____

14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

Method A. Reporting amounts using LDA definitions only

Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

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: MMM (one per page)

16. Specific lobbying issues:

CMS Reimbursement policy for negative pressure wound therapy.

17. House(s) of Congress and Federal agencies contacted:

Executive Office of the President
Department of Health and Human Services
Centers of Medicaid and Medicare Services
US HOUSE OF REPRESENTATIVES
US SENATE

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

Name: BATES, MICHAEL J
Covered Official Position (if applicable):
Name: HARLOW, BRYCE L.
Covered Official Position (if applicable):
Name: KELLIHER, JOHN J
Covered Official Position (if applicable):
Name: LESESNE, JOAB
Covered Official Position (if applicable):
Name: LOPER, GINGER
Covered Official Position (if applicable):
Name: TARPLIN, RICHARD J
Covered Official Position (if applicable):
Name: TIMMONS, WILLIAM E
Covered Official Position (if applicable):
Name: TIMMONS, WILLIAM E
Covered Official Position (if applicable):
Name: TURTON, DAN
Covered Official Position (if applicable):

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

Signature: ON FILE Date: Aug 09, 2006

Printed Name and Title: Michael J. Bates, Vice President and General Couns -