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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 7/1/06

2. House Identification Number 38573000 Senate Identification Number 309550-42

REGISTRANT

3. Registrant name Children's Hospital, Inc.

Address 700 Children's Drive

City Columbus State OH Zip 43205

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

City State/Zip (or Country)

5. Telephone number and contact name

(614) 722-5980 Contact Bill Byers E-mail (optional) byers

6. General description of registrant's business or activities

Hospital

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

Address

City State Zip

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

City State/Zip (or Country)

9. General description of client's business or activities

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
William L. Byers, IV	
Marcia Smith	

30019327.8

Registrant Name Children's Hospital, Inc. Client Name

LOBBYING ISSUES

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

BUD HCR

12. Specific lobbying issues (current and anticipated)

General appropriations issues and healthcare related matters.

AFFILIATED ORGANIZATIONS

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

☒ 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 Bus (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 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 t of the lobbying activity?

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

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

Signature [signature] Date 9/5/2006

20061932279

Printed Name and Title William L. Byers, IV, Vice President, Externa

Form LD-1 (Rev. 06/98)