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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 01/01/2006

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Tarplin, Downs & Young, LLC

Address 1212 New York Avenue, N.W. Suite 1050

City Washington State DC Zip 20005 USA

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

City _____ State _____ Zip _____

5. Telephone number and contact name

202-898-4733 Contact Ms. Jennifer B. Young E-mail jyoung@tdylc.com

6. General description of registrant's business or activities

Consulting Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* Self

7. Client name American HomePatient

Address 520 Maryland Way Suite 400

City Brentwood State TN Zip 37207 USA

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

City _____ State _____ Zip _____

9. General description of client's business or activities

Home Health Care Providers

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 person list section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Raissa H. Downs</u>	
<u>Linda E. Tarplin</u>	
<u>Jennifer B. Young</u>	

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Registrant Name Tarplin, Downs & Young, LLC

Client Name American HomePatient

LOBBYING ISSUES

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

BUD

HCR

MMM

12. Specific lobbying issues (current and anticipated)

Inhalation Drug Therapy, oxygen reimbursement, Medicare

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

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: **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes 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 the outcome of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature Jennifer B. Young
Printed Name and Title Jennifer B. Young - Partner

Date Feb 9, 2006

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