

**LOBBYING REGISTRATION**  
Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 7/30/2000  
2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

**REGISTRANT**

3. Registrant Name Arnold & Porter  
Address 555 12th Street, NW  
City Washington State DC Zip 20004  
4. Principal place of business (if different from line 3)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
5. Telephone number and contact name Contact E-Mail (optional)  
202-942-5928 Grant Bagley Grant\_Bagley@aporter.com  
6. General description of registrant's business or activities  
Law 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 Wyeth-Ayerst Pharmaceuticals  
Address 555 East Lancaster Avenue  
City Saint Davids State PA Zip 19087  
8. Principal place of business (if different from line 7)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
9. General description of client's business or activities  
Medical diagnostic device and pharmaceutical manufacturer.

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

| Name                | Covered Official Position (if applicable) |
|---------------------|---|
| <u>Grant Bagley</u> |   |
|                     |   |
|                     |   |

Registrant Name: **Arnold & Porter**

Client Name: **Wyeth-Ayerst Pharmaceuticals**

**LOBBYING ISSUES**

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

**MMM**

12. Specific lobbying issues (current and anticipated)

**Reimbursement for Medicare and Medicaid policy issues.**

**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 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, the sign and date the registration.

| Name | Address | Principal Place of Business (city and state or country) | Amount of contribution for lobbying activities | Ownership percentage in client |
|------|---------|---|--|--------------------------------|
|      |         |   |  |                                |

Signature  Date 8/22/2008

Printed Name and Title Grant Bagley - Partner