Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

Secretary of the Senate
Received: Aug 14, 2006

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration Mar 01, 2006

2. House Identification Number ____

Senate Identification Number 40555-2640

REGISTRANT

3. Registrant Name: THE WASHINGTON GROUP, INC.
Address: 1401 K Street, NW Suite 1000
City: Washington State: DC Zip: 20005-

4. Principal place of business (if different from line 3):
City: State/Zip(or Country):

5. Telephone number and contact name:
202-789-2111 Contact: TRACEY A. GRAY
E-mail(optional): tgray@thewashingtongroup.com

6. General description of registrant's business or activities:
Government Relations/Lobbying

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: CELGENE CELLULAR THERAPEUTICS
Address: 45 HORSE HILL ROAD
City: CEDAR KNOLLS State: NJ Zip: 07927

8. Principal place of business (if different from line 7):
City: State/Zip(or Country): USA

9. General description of client's business or activities:
Discovery and development of biotherapeutics

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 the client, state the executive and/or legislative position(s) in which the person served.

Name: ALLEN, KEVIN
Covered Official Position (if applicable):
Name: BONILLA, CARLOS
Covered Official Position (if applicable):
Name: BURKE, WILLIAM
Covered Official Position (if applicable):
Name: EDWARDS, MELISSA
Covered Official Position (if applicable):
Name: FARMER, KIMBERLEY
Covered Official Position (if applicable):
Name: GILBERT, MEREDITH
Covered Official Position (if applicable):
Name: KULKARNI, KATHY
Covered Official Position (if applicable):
Name: LEWIS, RITA
Covered Official Position (if applicable):
Name: LOBO, PAUL
Covered Official Position (if applicable):

Name: MARKEN, ANTHONY
Covered Official Position (if applicable):
Name: MITROVICH, MARISSA
Covered Official Position (if applicable):
Name: MOLINARI, SUSAN
Covered Official Position (if applicable):
Name: NOONE, JAMES
Covered Official Position (if applicable):
Name: PATRONE, EUGENE
Covered Official Position (if applicable):
Name: RAFFAELLI, JOHN
Covered Official Position (if applicable):
Name: SAUNDERS, TONYA
Covered Official Position (if applicable):
Name: SPORIDIS, HARRY
Covered Official Position (if applicable):
Name: SULLIVAN, RICHARD
Covered Official Position (if applicable):
Name: WEST, FOWLER
Covered Official Position (if applicable):

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:

HCR

12. Specific lobbying issues (current and anticipated):

Federal procurement of tissue-graft products and establishing public/private research partnerships

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

☒ No, then go to line 14.

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

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

Signature: ON FILE Date: Aug 14, 2006

Printed Name and Title: TRACEY A. GRAY, OFFICE MANAGER -