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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 **06/09/2005**

2. House Identification Number

Senate Identification Number

REGISTRANT

3. Registrant name **Patton Boggs LLP**

Address **2550 M Street, NW**

City **Washington**

State **DC**

Zip **20037**

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

City

State/Zip (or Country)

5. Telephone number and contact name

James B. Christian

Contact **202-457-6484** E-mail (optional)

6. General description of registrant's business or activities

Law firm

CLIENT

7. Client name **Medicare Plus, Inc.**

Address **784 Morris Turnpike, Suite 134**

City **Short Hills**

State **NJ**

Zip **07078**

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

City **Alexandria**

State/Zip (or Country) **VA 22314**

9. General description of client's business or activities

Manager of health benefit plans.

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

Name	Covered Official Position (if applicable)
Joseph Trapasso	

Form LD-1 (Rev 06/98)

Registrant Name **Patton Boggs LLP**Client Name **Medicare Plus, Inc.****LOBBYING ISSUES**

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

12. Specific lobbying issues (current and anticipated)
Issues related to federal health benefit plans.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during the 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 entities matching the criteria above and 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;
- 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?

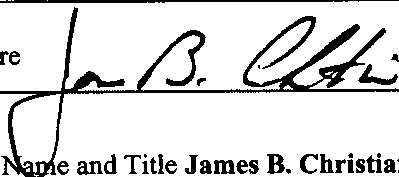
No → Sign and date the registration

Yes

Complete the rest of this section for entities matching the criteria above, and date the registration.

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

Signature



Date: 08/10/2005

Printed Name and Title **James B. Christian, Partner**

