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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
04 JAN 30 A

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ Effective Date of Registration 12/10/03

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Foley Hoag LLP

Address 155 Seaport Boulevard

City Boston State MA Zip 02210-2(

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

5. Telephone number and contact name
(617) 832-3073 Contact Chris Spiro E-mail (optional)
cspiro@foleyhoag.com

6. General description of registrant's business or activities Law firm

CLIENT

*A **Lobby firm** is required to file a separate registration for each client. **Organization employing in-house lobbyists** should check labeled "Self" and proceed to line 10.* ☐ *Self*

7. Client name Biogen IDEC

Address 14 Cambridge Center

City Cambridge State MA Zip 02142

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

9. General description of registrant's business or activities Biotechnology

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

Name	Covered Official Position (if applicable
Nick Littlefield	
Brian Carey	
Paul Kim	Counsel, U.S. Senate Committee on Health, Educa and Pensions

Registrant Name Foley Hoag LLP Client Name Biogen IDEC

LOBBYING ISSUES

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

MMM

12. Specific lobbying issues (current and anticipated).

Medicare coverage and reimbursement issues

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registra 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 the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or cour

FOREIGN ENTITIES

14. Is there any foreign entity

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 sub activities of the client of the client or any organization identified on line 13:

c) is an affiliate of the client or any organization identified on line 13 and has direct interest in the ou of the lobbying activity?

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

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities	Ov pe ir

Signature [signature] Date 1/22/04

Printed Name and Title Nick Littlefield, Esquire