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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: 3/22/00

2. House Identification Number: _____ Senate Identification Number: _____

REGISTRANT

3. Registrant Name: **Black, Kelly, Scruggs & Healey**

Address: **1801 K Street, N.W.** **Suite 901-L**

City: **Washington** State: **DC** Zip: **20006** **USA**

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

City: _____ State/Zip (or Country): _____

5. Telephone number and contact name: **Charles Black** Contact: _____ E-Mail (optional): _____

6. General description of registrant's business or activities
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: **Medtronic**

Address: **1300 Pennsylvania Avenue, N.W.** **Suite 380, North Tower**

City: **Washington** State: **DC** Zip: **20004**

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 device 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)
Holly Bode	
Jerry Kiepner	
Peter Stone	

Registrant Name: **Black, Kelly, Scruggs & Henley**

Client Name: **Medtronic**

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, MMM

12. Specific lobbying issues (current and anticipated)

Medicare Prospective Payment System Reimbursement for outpatient high technology medical devices.

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: Mary Kay Morin Date: 3/22/2000

Printed Name and Title: **Mary Kay Morin - Federal Compliance Administrator**