

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☒

1. Effective Date of Registration Sep 10, 2007

2. House Identification Number 365790016

Senate Identification Number 81511-354

REGISTRANT

3. Registrant Name: TROUTMAN SANDERS PUBLIC AFFAIRS GROUP LLC
Address: 401 9TH STREET, N.W. SUITE 1000
City: WASHINGTON, State: DC Zip: 20004

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

5. Telephone number and contact name:
2022742938 Contact: BEN NOBLE
E-mail(optional): ben.noble@troutmansanders.com

6. General description of registrant's business or activities:
Government Affairs and 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: FULLER REHABILITATION INDEPENDENT LIVING AIDS
Address: 529 ROLLINS INDUSTRIAL PKWY
City: RINGGOLD State: GA Zip: 30736

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

9. General description of client's business or activities:
Provider of power operated medical equipment

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: ANDERSON, PATRICK
Covered Official Position (if applicable): N/A
Name: LEEBERN, ROBERT JR.
Covered Official Position (if applicable): N/A
Name: NOBLE, BEN
Covered Official Position (if applicable): N/A
Name: STAFFORD, CONNELL
Covered Official Position (if applicable): N/A

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):

SCHIP Reauthorization

AFFILIATED ORGANIZATIONS

Registrant Name: TROUTMAN SANDERS PUBLIC AFFAIRS GROUP LLC Client Name: FULLER
REHABILITATION INDEPENDENT LIVING AIDS

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 period in 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.

Name: TROUTMAN SANDERS LLP

Address: 600 PEACHTREE STREET, NE SUITE 5200, ATLANTA, GA, 30308, U.S.A.

Principal Place of Business (city and state or country):

Address: 600 PEACHTREE STREET, NE SUITE 5200, ATLANTA, GA, 30308, U.S.A. U.S.A.

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: Sep 14, 2007

Printed Name and Title: -