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 13, 2007

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration Jul 01, 2007

2. House Identification Number 30118

Senate Identification Number 40555-1003711

REGISTRANT

3. Registrant Name: WASHINGTON GROUP
Address: 1401 K STREET NW SUITE 1000
City: WASHINGTON State: DC Zip: 20005

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

5. Telephone number and contact name:
2027892111 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: INTEGRATED SOLUTIONS GROUP ON BEHALF OF BOSTON MEDICAL CENTER
Address: 1401 K STREET, NW, SUITE 1000
City: WASHINGTON State: DC Zip: 20005

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

9. General description of client's business or activities:
Government Relations/Lobbying

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): N/A
Name: BONILLA, CARLOS
Covered Official Position (if applicable): N/A
Name: EDWARDS, MELISSA
Covered Official Position (if applicable): N/A
Name: FARMER, KIMBERLEY
Covered Official Position (if applicable): N/A
Name: LEWIS, RITA
Covered Official Position (if applicable): N/A
Name: LOBO, PAUL
Covered Official Position (if applicable): N/A
Name: MITROVICH, MARISSA
Covered Official Position (if applicable): N/A
Name: MOLINARI, SUSAN
Covered Official Position (if applicable): N/A
Name: NOONE, JAMES
Covered Official Position (if applicable): N/A
Name: OHANLON, G JOHN
Covered Official Position (if applicable): N/A

Registrant Name: WASHINGTON GROUP Client Name: INTEGRATED SOLUTIONS GROUP ON BEHALF OF BOSTON MEDICAL CENTER

Name: PATRONE, EUGENE
Covered Official Position (if applicable): N/A
Name: SHOGREN, BRETT
Covered Official Position (if applicable): POLICY DIRECTOR, OFFICE OF THE MAJORITY LEADER
Name: SPEED, TONYA SAUNDERS
Covered Official Position (if applicable): N/A
Name: SPORIDIS, HARRY
Covered Official Position (if applicable): N/A
Name: WEST, FOWLER
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):

Funding for Cancer treatment facilities

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.

Name: BOSTON MEDICAL CENTER
Address: ONE BOSTON MEDICAL CENTER, BOSTON, MA, 02118, U.S.A.
Principal Place of Business (city and state or country):
Address: ONE BOSTON MEDICAL CENTER, BOSTON, MA, 02118, 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: Aug 13, 2007

Printed Name and Title: -