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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 June 20, 2005

2. House Identification Number 36564005 Senate Identification Number 86414-113

REGISTRANT

3. Registrant name G. Hunter Bates

Address The Bates Capitol Group LLC, 400 West Market Street, 32nd Floor

City Louisville State KY Zip 40202

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

City State/Zip (or Country)

5. Telephone number and contact name

(502) 779-8600 Contact G. Hunter Bates E-mail (optional)

6. General description of registrant's business or activities

Government Relations & Public Affairs

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 Compressus

Address 101 Constitution Avenue, NW, Suite 800

City Washington State DC Zip 20001-2133

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

City State/Zip (or Country)

9. General description of client's business or activities

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	Covered Official Position (if applicable)
G. Hunter Bates	
Holly Piper	
Patrick Jennings	

30001532257

Registrant Name G. Hunter Bates Client Name Compressus

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 HOM

12. Specific lobbying issues (current and anticipated)

Promoting healthcare and homeland security technology.

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 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 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, then 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 Kathy Jo Crooks Date 6-2-06

Printed Name and Title KATHY JO CROOKS, MANAGER

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