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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 MAY 4, 200

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name TRIADVOCATES, LLC

Address 1101 Pennsylvania Ave. NW Suite 700

City Washington State DC Zip 20004

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

City PHOENIX State/Zip (or Country) AZ 85004

5. Telephone number and contact name

(202) 756-3606 Contact James Ogsbury E-mail (optional)

6. General description of registrant's business or activities

Public Policy Consultant

CLIENT

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

7. Client name VANGUARD HEALTH SYSTEMS, INC.

Address 8805 N. 23 Ave Suite 150

City PHOENIX State AZ Zip 85021

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

City NASHVILLE State/Zip (or Country) TN 37215

9. General description of client's business or activities

HEALTHCARE PROVIDER

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 perso this section has served as a "covered executive branch official" or "covered legislative branch official" within two ye 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
JAMES OGSBURY	
STEVE PRIMROSE	

Registrant Name TRIADVOCATES, LLC Client Name VANGUARD HEALTH SYSTEMS,

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,]

HCR BUD MMM

12. Specific lobbying issues (current and anticipated)

MEDICARE PRESCRIPTION DRUG, IMPROVEMENT AND MODERNIZATION ACT

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the re a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying ac

☑ No ⇨ Go to line 14. ☐ Yes ⇨ Complete the rest of this section for each entity m the criteria above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or count

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 su 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 of the lobbying activity?

☑ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for eacl 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

Signature _____ Date 6/16/04

Printed Name and Title JAMES OGSBURY / PRINCIPAL

Form LD-1 (Rev. 06/98)