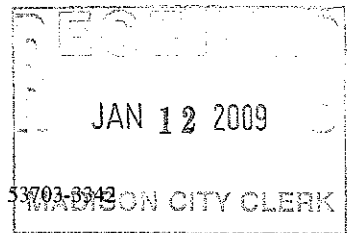


REGISTRATION OF LOBBYIST

Return to Office of the City Clerk, 210 Martin Luther King, Jr Blvd, Room 103, Madison, WI 53703-9942



Section 1 -- Identification of Lobbyist "Lobbyist" means any person paid to influence administrative or legislative action.

Huggins Melissa Senior Associate
Last Name First Name Title
Meriter Health Services, 202 S. Park Street
Mailing Address
Madison WI 53715
City State Zip Code
(same)
Business Address (if different)
(608) 417-5606
Contact Phone
(608) 417-5601 mhuggins@meriter.com
Contact FAX Contact E-mail Address
www.meriter.com
Internet Address

Person to whom correspondence should be sent (if different from above)
(same)

Last Name First Name

Firm or Organization Name

Mailing Address

City State Zip Code

Phone FAX E-mail Address

Section II -- Nature and Interest of Principal

Meriter Health Services
Name of Principal
Designated Representative of Principal:
(same)

Last Name First Name Title

Mailing Address

City State Zip Code

Business Address (if different)

Contact Phone Contact E-mail Address

Contact FAX Internet Address

Check one of the following and complete only that section:

Business Entity

Describe the business activity in which the entity is engaged

Chief Executive Officer: _____
Last First Title

If partnership or limited liability company, check here and attach list of partners/members.

Industry, Trade or Professional Association

Describe the industry trade or profession including any segment thereof which the association exclusively or primarily represents

Chief Executive Officer: _____
Last First Title

Approximate number of members: _____

Other Not for Profit

Labor Union Charitable/Religious/Civic, etc Other

healthcare

Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

Describe any industry, trade, profession, or group with a common interest which the organization primarily represents or from which the organization's membership or financial support is primarily derived

Approximate number of members: _____

Individual

Name and address of the individual's employer if any or of the individual's primary place of business if self-employed

Describe the business activity in which the individual or the individual's employer is engaged

Section III -- Areas of Lobbying

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

Planning and development issues regarding Meriter's property and facilities.

List the City agencies in which the principal seek to influence administration action:

- All
- None
- Agencies listed below

Identify the proposed legislative or administrative action in connection with which the principal has made or intends to make a lobbying communication before December 31.

1 Item: Meriter Park and West Campus

a How will this item affect the principal's business or other activity?

b Which industry, trade, profession or segment or portion thereof would be principally affected?

c If the item is an appropriation, please identify the City program or person for which the appropriation is proposed and the approximate amount, if you know the amount.

For additional items, attach additional sheets.

2 If lobbying communication relates to the capital or operating budget, identify topic or topics

CAPITAL BUDGET

OPERATING BUDGET

topic	topic
topic	topic
topic	topic
topic	topic
topic	topic
topic	topic

Section IV - Authorization of Lobbyists

As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal

- The lobbyist is an employee of the Principal
- The lobbyist is also authorized to file expense reports or other filings on behalf of the Principal.

Dated: 1/9/09
Name: Fred McGee
Position: VP-Planning
Signature: *Fred McGee*

Section V -- Certification

I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.

On Behalf of Lobbyist:

[Signature] Senior Associate
Signature Title
Melissa Huggins 1/9/09
Type or print name as signed above Date

Address & Telephone (if different from first page of this form)

On Behalf of Principal:

[Signature] Senior Associate
Signature Title
Melissa Huggins 1/9/09
Type or print name as signed above Date

Address & Telephone (if different from first page of this form)