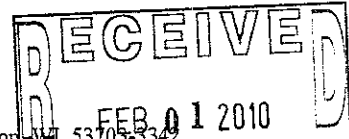


REGISTRATION OF LOBBYIST

Return to Office of the City Clerk, 210 Martin Luther King, Jr Blvd., Room 103, Madison, WI 53705-3342



MADISON CITY CLERK

Section 1 -- Identification of Lobbyist

"Lobbyist" means any person paid to influence administrative or legislative action.

Behrend Last Name Joyce First Name CFO Title

815 Forward Drive Mailing Address

Madison City WI State 53711 Zip Code

Business Address (if different)

608/274-7900 Contact Phone

608/274-9181 Contact FAX

jdwyer@independentliving.com Contact E-mail Address

www.independentliving.com Internet Address

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

____ 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

Independent Living, Inc. Name of Principal

Designated Representative of Principal:

Giovannini Last Name Rita First Name CEO Title

815 Forward Drive Mailing Address

Madison City WI State 53711 Zip Code

Business Address (if different)

608/274-7900 Contact Phone

jdwyer@independentliving.com Contact E-mail Address

608/274-9181 Contact FAX

www.independentliving.com 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

To provide services and housing to older and disabled adults
Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

N/A
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: N/A

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:

Funding of services and housing for older and disabled adults

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

- All None Agencies listed below

Planning & Development, CDBG, Community Services

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: N/A

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

CAPITAL BUDGET	OPERATING BUDGET
topic	<u>CDBG funding for service programs</u> topic
topic	topic
topic	topic
topic	topic
topic	topic
topic	topic

Section IV - Authorization of Lobbyists

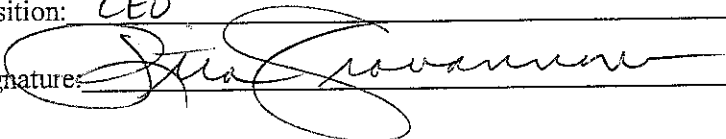
As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

- 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: 1/29/10

Name: Rita Giovannoni


Position: CEO

Signature: 

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

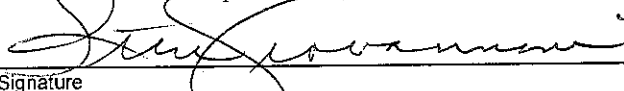
On Behalf of Lobbyist:

 CEO
Signature Title

Joyce Behrend 1/29/10
Type or print name as signed above Date

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

On Behalf of Principal:

 CEO
Signature Title

Rita Giovannoni 1/29/10
Type or print name as signed above Date

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