LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

842
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/28/01
Reg
V# 4909
$110.00 ARS
1011797

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME SWIFT (Last) MARK (First) A. (MI)

2. BUSINESSPHONE (312) 988-1772 (Area Code and Phone Number)

3. BUSINESS ADDRESS 875 N. MICHIGAN AVE, #2935, CHICAGO, IL 606 11 (Street and No. / City / State / Zip)

MAILING ADDRESS SAME (Street and No. / City / State / Zip)

4. EMPLOYER Health Alliance, LLC

5. EMPLOYER'S ADDRESS SAME (Street and No. / City / State / Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Health Alliance, LLC
   Address 875 N MICHIGAN AVE, #2935, CHICAGO, IL 606 1
   Business or purpose Health Care / Disease Management
   Does this person pay you? Yes (I will be lobbying for Health Alliance, LL & my own firm)
   If No, who pays you?

Form 505, Rev. 7/2001

OBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

3. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

4. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

_____
Signature of Lobbyist

Form 500, Rev. 6/99