LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

842

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/29/03

Ren
✓ # 2755
$110 - LP

1022253
SCANNED
MAR 11 2003
By: [illegible]

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 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 60611 (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; A SUBSIDIARY OF HEALTH ALLIANCE HOLDINGS, INC.

Address 875 N. MICHIGAN AVE, #2935, CHICAGO, IL 60611

Business or purpose HEALTH CARE / DISEASE MANAGEMENT

Does this person pay you? yes (Lobbying for Health Alliance, LLC)

If No, who pays you?

Form 550 Rev. 10/2002

LOBBYING 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

(No Photo needed until 2004)

Form 500, Rev. 10/2002

PURCHASE REQUISITION

Health Alliance, LLC
875 North Michigan Avenue
Suite 2935
Chicago, IL 60611

P.O.#:

Location: Corporate

NON INVENTORY PURCHASE REQUISITION

Date: 12/16/2002

Vendor: Board of Ethics

Vendor Address: 2415 Quail Drive, 3rd Floor
Baton Rouge, LA 70808

Total Commitment: $110

Budgeted Amount:

Description: Annual Registration Fee
(due by 1-31-03)

Recurring Invoice: Y N

Amount of Recurring Invoice:

Account Number: 842

Account Description: Lobbyist Fees

Person Requesting: Mark Swift

Date: 12/16/2002

Authorized:

Date:

Used for purchases of all non inventory goods and services, except for travel and entertainment, including capital expenditures, outside services, dues, subscriptions, cellular phones, advertising, call center agreements.

If a written contract or agreement or vendor purchase order is to be issued, attach form of agreement or purchase order.
If expenditure is recurring, indicate estimated amount of monthly expenditure

RECEIVED JAN 2 [illegible] 2003