

Virginia Conflict of Interest and Ethics Advisory Council **LOBBYIST REGISTRATION FORM (Rev. 4/26/2016)**

Please send the original and a copy with a \$100.00 registration fee, made Payable to the Treasurer of Virginia to:

> Secretary of the Commonwealth Attn: Lobbyist Specialist 1111 E. Broad St 4th Floor Richmond, Virginia 23219

lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.

| | 17MU | L12F3 | 354 | |
|--|------|-------|-----|--|

FOR OFFICE USE ONLY Principal Notification Date __ Date Received Fee Paid: Check # _____

| (1) PRINCIPAL: | Medical Facilities of America | | | | |
|--|---|--|--|--|--|
| (1a) What type of business is the prin | iciple engaged in: | | | | |
| | Operator of nursing homes | | | | |
| Officer of Principal authorizing your en may not appear in items 2 and 5 of this | imployment as a lobbyist, or to whom your expenditures will be reported. <i>The same name of form.</i> | | | | |
| (2) Name: | W. Heywood Fralin | | | | |
| (2a) Business Address: | 2017 Penn Forest Roulevard Roanoke, VA 24018 | | | | |
| (2b) Business Telephone: | 540 080 3618 | | | | |
| | ALL records, in behalf of the principal, with respect to your lobbying activities for their stored in another location, please so indicate in the space provided by item 3c. | | | | |
| (3) Name: | W. Heywood Fralin | | | | |
| (3a) Business Address: | 2917 Penn Forest Boulevard Roanoke, VA 24018 | | | | |
| (3b) Business Telephone: | Business Telephone:540.989.3618 | | | | |
| (3c) Business Address/Telephone nur | mber of location where records are stored: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Jeffrey S. Palmore, Reed Smith LLP, 901 E. Byrd Street, Suite 1700, Richmond, VA 23219, 804.344.3400; William G. Thomas, Reed Smith LLP, 901 E. Byrd Street, Suite 1700, Richmond, VA 23219, 804.344.3400

(4) Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

| (5) LOBBYIST: | Edward A. Mullen | | | | |
|--|--|--|--|--|--|
| (5a) Business Address: | 901 E. Byrd Street Suite 1700, Richmond, VA 23219 | | | | |
| (5b) Business Telephon | 804-344-3400 | | | | |
| | emullen@reedsmith.com | | | | |
| | in ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated physically stored in another location, please so indicate in the space provided in item 7d. | | | | |
| (6) Name: | Edward A. Mullen | | | | |
| (6a) Business Address: | 901 E. Byrd Street Suite 1700, Richmond, VA 23219 | | | | |
| (6b) Business Telephon | 804-344-3400 | | | | |
| | Telephone number of location where records are stored: | | | | |
| Matters related (8) As a lobbyist, you a | to nursing homes operation in Virginia re: (check one) | | | | |
| _ | | | | | |
| <u> </u> | Employed (Lobbyist is on payroll of principal) | | | | |
| Retained (L | Retained (Lobbyist is not on payroll of principal, but is compensated) | | | | |
| Not Compe | nsated (Lobbyist is not compensated, but expenses may be reimbursed) | | | | |
| (9) If you are employed | either part-time or full-time by the principal, please give your job title: | | | | |
| | gned lobbyist, do state that the information furnished on this registration statement and on any and ments attached thereto, is to the best of my knowledge and belief, complete and accurate. | | | | |
| 3 | 2016 Lobbyist's Signature: Edward A. Mullen (Electronically Signed: 10/26/2016 8:01:21 PM UTC | | | | |