

## Client Information

|                  |  |
|------------------|--|
| Client Name      | ArchCare                                 |
| Business Address | 205 Lexington Avenue, New York, NY 10016 |
| Client P.O. Name | James, Introne                           |
| Business Phone   | (212) 752-7665                           |
| Business Email   | BLOCKED_EMAIL                            |

## Lobbyist Entities

### Lobbyist Entity # 1

|                                    |  |
|------------------------------------|--|
| Lobbyist Entity's Name             | nyprocoa, inc.                               |
| Lobbyist Entity's Business Phone   | (212) 566-5600                               |
| Lobbyist Entity's Business Address | 115 broadway, suite 1504, new york, NY 10006 |

### Compensation Paid or Owed to nyprocoa, inc.

|  |          |
|--|----------|
| Compensation Paid or Owed During the Calendar Year | \$60,000 |
|--|----------|

### Client Expenses Reimbursed to nyprocoa, inc.

|   |        |
|---|--------|
| Total of Aggregate Expenses \$75.00 or less | \$0.00 |
| Are there expenses greater than \$75.00?    | No     |

## Lobbying Activities

### Activity # 1

|                  |                         |
|------------------|-------------------------|
| Subject Category | CAPITAL FUNDING REQUEST |
| Subject Details  | CAPITAL FUNDING REQUEST |

## 2010 Client Annual Report for ArchCare

| Target                    | Office/Department  | Contact Name   |
|---------------------------|--|--|
| Borough President - Bronx |  | DIAZ, JR., RUBEN<br>WALTON, LARCENIA<br>DELALUCA, PAUL |
| NYC Council Members       | Arroyo, Maria del Carmen - District No. 17<br>Palma, Annabel - District No. 18<br>Rivera, Joel - District No. 15 |  |

## CERTIFICATION

I certify that all statements made on this report are true and correct to the best of my knowledge and belief, and I understand that the willful false statement of any material fact herein will subject me to the provisions of law relevant to the making of false instruments and will render such statement null and void.

|                        |                |
|------------------------|----------------|
| Principal Officer Name | James, Introne |
|------------------------|----------------|

|                         |               |
|-------------------------|---------------|
| Principal Officer Email | BLOCKED_EMAIL |
|-------------------------|---------------|

|                    |                  |
|--------------------|------------------|
| Certification Date | 02/14/2011 09:53 |
|--------------------|------------------|

## ELECTRONIC SIGNATURE

Introne James was required to indicate acceptance of the representations made in the following statement by entering his or her password used to access the E-Lobbyist, New York City Lobbyist Filing System and pressing the Submit button to affix his or her electronic signature and file the report with the Office of City Clerk - City of New York.

"I certify that all statements made on this report are true and correct to the best of my knowledge and belief, and I understand that the willful false statement of any material fact herein will subject me to the provisions of law relevant to the making of false instruments and will render such statement null and void."