LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/28/04
Ren. 2005
J# 4834
$110.00 wy

104150

FOURTH ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED
2004 DEC 29 AM 11:23

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 Gagne (Last) Bob (First) (MI)

2. BUSINESSPHONE 888-738-2332 (Area Code and Phone Number)

3. BUSINESS ADDRESS Colle + McVoy Public Affairs (Street and No.) (City) (State) (Zip)

[redacted] ADDRESS Suite 2400 8500 Normandale Lake Blvd (Street and No.) (City) (State) (Zip)
Minneapolis, MN 55437

4. EMPLOYER Colle + McVoy Public Affairs

5. EMPLOYER'S ADDRESS Suite 2400 8500 Normandale Lake Blvd Minneapolis, MN 55437 (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 Orphan Medical, Inc

Address Suite 250 13911 Ridgedale Drive Minnetonka, MN 55305

Business or purpose orphan drug developer

Does this person pay you? No

If No, who pays you? Colle + McVoy Public Affairs

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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.

Bob Gagne 12-27-04

Signature of Lobbyist