LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

896
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/17/06
Ren. 2006
J#176
$110.00WS

1060171

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 Rivero (Last) Hector (First) L. (MI)

2. BUSINESS PHONE 512-473-2157 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1005 Congress Ave., Ste. 1070 (Street and No.) Austin (City) TX (State) 78701 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER E. I. du Pont de Nemours and Company

5. EMPLOYER'S ADDRESS 1007 Market Street (Street and No.) Wilmington (City) DE (State) 19898 (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 E. I. du Pont de Nemours and Company

Address 1007 Market Street Wilmington, DE 19898

Business or purpose DuPont is a science company delivering solutions in food, nutrition, health care, apparel, home and construction, electronics and transportation.

Does this person pay you? Yes

If No, who pays you? _____

2006 JAN 19 AM 9:20
RECEIVED

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

896
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. 10/2002