LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 04/21/06
Reg. 2004
V# 10347
$110.00 WR

100035x

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 PYLE (Last) NICHOLAS (First) A (MI)

2. BUSINESS PHONE 202.333.8190 (Area Code and Phone Number)

3. BUSINESS ADDRESS PO BOX 25001 (Street and No.) WASH. DC (City) (State) 20027 (Zip)

MAILING ADDRESS PO BOX 25001 (Street and No.) WASH. DC (City) (State) 20027 (Zip)

4. EMPLOYER PYLE & ASSOCIATES

5. EMPLOYER'S ADDRESS ABOVE (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 KRAFT FOODS GLOBAL INC. by its SERVICE COMPANY ALTRIA CORPORATE SERVICES INC

Address c/o JACK DILLARD, ALTRIA, 1005 CONGRESS AVE. STE 850 AUSTIN, TX 78701

Business or purpose Food company

Does this person pay you? NO

If No, who pays you? WASHINGTON DC OFFICE OF ALTRIA PAYS ME.

Form 300 Rev 10/2002

* Effective Date May 1, 2006

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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.

_____
Signature of Lobbyist

Form 500, Rev. 10/2002

* Effective Date May 1, 2006