LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1338
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 7/16/07
Supp - L
SS SCANNED
JUL 2 6 2007
By (5)
1070492

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Ryle (Last) Nicholas (First) A. (MI)

2. BUSINESS PHONE (202) 333-8190

3. BUSINESS ADDRESS 1223 Potomac St, NW (Street and No.) Washington (City) DC (State) 20007 (Zip)

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

4. EMPLOYER Ryle & Associates

5. EMPLOYER'S ADDRESS Above (Street and No.) _____ (City) _____ (State) _____ (Zip)

RECEIVED JUL 16 AM 10:45

6. Have you ceased or terminated all lobbying activities requiring registration? Yes_____ No_____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1. Name Kraft Foods Global, Inc.
   Address 40 Dan Cohen Drive, 101 Constitution Ave, NW; Suite 400W Washington, DC 20001
   Business or purpose Food Company
   ☒ New Representation
   Does this person pay you? Yes
   If No, who pays you? _____
   ☐ Terminated Representation as of _____

Form 061, Rev. 10/2006

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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 501, Rev. 10/2002