LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

[redacted] 1572

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4-16-08

Reg -08
CK# 733414
$110.00
OCK ✓

1072249

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 ADAIR (Last) BOBBY (Bob) (First) G. (MI)

2. BUSINESS PHONE 281-293-4913 (Area Code and Phone Number)

3. BUSINESS ADDRESS 600 NORTH DAIRY ASHFORD, HOUSTON, TX 77079
BLDG. MD-01-1008 (Street and No.) (City) (State) (Zip)

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

4. EMPLOYER CONOCOPHILLIPS

5. EMPLOYER'S ADDRESS 600 NORTH DAIRY ASHFORD, HOUSTON, TX 77079 (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 CONOCOPHILLIPS

Address 600 NORTH DAIRY ASHFORD, HOUSTON, TX 77079

Business or purpose Integrated energy company involved in exploration, production, refining, marketing, transportation and power.

Does this person pay you? YES

If No, who pays you? _____

Form 500, Rev. 10/2002

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_____
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] 4/9/08

Signature of Lobbyist

Form 560, Rev. 10/2002