State of Louisiana
Lobbyist Registration Form

FORM 500. LOBBYIST REGISTRATION FORM

Lobbyist: Adriane Spencer

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Lobbyist Registration Number: LOB438

Date filed: 12/27/2005

Ren. 2006
J# 10481
$110.00 WS
105.14.73

1. Name

Adriane Spencer

2. Business Phone 504-866-0990
3. Business Address 7516 Jeannette Street
New Orleans, Louisiana 70118

4. Employer AstraZeneca Pharmaceuticals LP
5. Employer Address 6568 Oasis Drive
Loveland, Ohio 45140

6. Names of persons, groups represented [normal] [spreadsheet]

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EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006

(Fill in year)

FOR OFFICE USE ONLY
Postmark Date: 01/03/06
Ren. 2006
J# 10540
$110.00US

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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 Hayes (Last) Debbie (First) (MI)

2. BUSINESS PHONE (501) 868-3380 (Area Code and Phone Number)

3. FAX NUMBER (501) 868-3381

4. BUSINESS ADDRESS 5417 Chevaux Court (Street and No.) Little Rock (City) Arkansas (State) 72223 (Zip)

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

5. EMPLOYER sanofi-aventis Group

6. EMPLOYER'S ADDRESS 58 Alpine Drive (Street and No.) Latham (City) New York (State) 12110 (Zip)

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7. 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 sanofi-aventis Group

Address 58 Alpine Drive, Latham, New York 12110

Business or purpose Matters affecting the pharmaceutical manufacturing and health care industries

Does this person pay you? Yes

If No, who pays you? N/A

EXECUTIVE LOBBYING REGISTRATION FORM

2. Name N/A

   Address

   Business or purpose

   Does this person pay you?

   If No, who pays you?

3. Name N/A

   Address

   Business or purpose

   Does this person pay you?

   If No, who pays you?

4. Name N/A

   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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE