EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006
(Fill in year.)

321
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 05/10/06
Reg 2006
#2065
$110.00 ur

3060535

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 Angelo (Last) Martha (First) A. (MI)

2. BUSINESS PHONE 318-623-6111 (Area Code and Phone Number)

3. FAX NUMBER 318-442-2420

4. BUSINESS ADDRESS 905 West Pointe Drive, Alexandria, LA 71303 (Street and No. / City / State / Zip)

MAILING ADDRESS same (Street and No. / City / State / Zip)

5. EMPLOYER Novo Nordisk, Inc.

6. EMPLOYER'S ADDRESS 100 College Rd. West Princeton, New Jersey 08540 (Street and No. / City / State / Zip)

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 Novo Nordisk, Inc. (Pharmaceutical Co. & my Employer)

Address 100 College Rd. West, Princeton, New Jersey 08540

Business or purpose Pharmaceutical sales representative

Does this person pay you? Yes

If No, who pays you?

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

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

_____
Signature of Lobbyist