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

354
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 05/24/06
Reg. 2006
J#1335
$110.00 wr

3060608

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 Etienne (Last) Kylie (First) A (MI)

2. BUSINESS PHONE (225) 253-9695 (Area Code and Phone Number)

3. FAX NUMBER (225) 677-8280

4. BUSINESS ADDRESS 37246 Longwood Ave. Prairieville, LA 70769 (Street and No. / City / State / Zip)

MAILING ADDRESS 37246 Longwood Ave. Prairieville, LA 70769 (Street and No. / City / State / Zip)

5. EMPLOYER Novo Nordisk Inc.

6. EMPLOYER'S ADDRESS 100 College Road West Princeton, NJ 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.

Address 100 College Road West Princeton, NJ 08540

Business or purpose pharmaceutical Representative / provide information about products

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