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

3026
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 06/05/06
REG 2006
V# 1511
$110.00 US

3060615

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 Palfi (Last) Nicole (First) ____ (MI)

2. BUSINESS PHONE 225-235-4837 (Area Code and Phone Number)

3. FAX NUMBER ____

4. BUSINESS ADDRESS 9217 Boone Dr. (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

MAILING ADDRESS 9217 Boone Dr. (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

5. EMPLOYER Novo Nordisk

6. EMPLOYER'S ADDRESS 100 College Road West (Street and No.) Princeton (City) NJ (State) 08540 (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

Address ~~9217 Boone Dr.~~ 100 College Road West Princeton, NJ 08540

Business or purpose Employer (Pharmaceutical Sales)

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

Form 504, Rev. 7/04