EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

207
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 06/27/06
TERM
3060713

Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted **within 5 days** of any changes in your registration form or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME Capiel (Last) David (First) M. (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE (225) 933-9284 (Area Code) Phone Number

3. FAX PHONE (225) 622-5277

4. BUSINESS ADDRESS 40064 Cotton Field (Street and No.) Gonzales (City) Louisiana (State) 70737 (Zip)

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

5. EMPLOYER AstraZeneca Pharmaceuticals, LP

6. EMPLOYER'S ADDRESS 1800 Concord Pike, P.O. Box 15437, (Street and No.) Wilmington, Delaware (City) (State) 19850-5737 (Zip)

7. Have you ceased or terminated **all** lobbying activities requiring registration? Yes ✓ No _____

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1) Name AstraZeneca Pharmaceuticals, LP

Address 1800 Concord Pike, P.O. Box 15437, Wilmington, Delaware 19850-5737

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

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of June 22, 2006

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_____
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2) Name N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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