EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

348
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 9/21/06
TERM

3061114

Instructions

- Print in ink or type.
- 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.
- 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 Kelly (Last) Jane (First) J (MI)

NAME CHANGE n/a (Last) (First) (MI)

2. BUSINESS PHONE (318) 347-7129 (Area Code) Phone Number

3. FAX PHONE (318) 746-1527

4. BUSINESS ADDRESS 5909 Midland St., Bossier City, LA 71111 (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, NJ (Street and No.) (City) (State) (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 Jane J. Kelly
Address 5909 Midland St., Bossier City, LA 71111
Business or purpose Pharmaceutical Sales

☐ New Representation
Does this person pay you?_____
If No, who pays you?_____

☒ Terminated Representation as of 8/17/06

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2) Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☐ Terminated Representation as of _____

3) Name_____

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.

X Jane D. Kelly
Signature of Lobbyist