EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006

(Fill in year.)

377

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 08/14/06

Reg. 2006
✓# 11180

3061131

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 **Schifer** (Last) **Julie** (First) (MI)

2. BUSINESS PHONE **(985) 626-6160** (Area Code and Phone Number)

3. FAX NUMBER **N/A**

4. BUSINESS ADDRESS **1320 Stillwater Drive,** (Street and No.) **Mandeville,** (City) **Louisiana** (State) **70471** (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, Wilmington, Delaware 19850-5737** (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 **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.**

   Does this person pay you? **Yes**

   If No, who pays you?

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name N/A

   Address

   Business or purpose

   Does this person pay you?

   If No, who pays you?

3. Name N/A

   Address

   Business or purpose

   Does this person pay you?

   If No, who pays you?

4. Name N/A

   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