(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

86

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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 Webb (Last) Mary (First) Beth (M1)

2. BUSINESS PHONE 972-980-9399 (Area Code and Phone Number)

3. FAX NUMBER 972-385-6151

4. BUSINESS ADDRESS 7020 Leamedow Dr. (Street and No.) Dallas (City) TX (State) 75248 (Zip)

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

5. EMPLOYER Boehringer Ingelheim Pharmaceuticals, Inc.

6. EMPLOYER'S ADDRESS 900 Ridgebury Rd (Street and No.) Ridgefield, CT (City) 06877-0368 (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 Boehringer Ingelheim Pharmaceuticals, Inc.

Address 900 Ridgefield Rd, Ridgefield, CT 06877-0368

Business or purpose State Government Accounts | Ensure inclusion of products on Medicaid formulary

Does this person pay you? yes

If No, who pays you?

Form 504, Rev. 7/04

Rev 1-3/7/07 PAB

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.

Mary Beth Webb

Signature of Lobbyist