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EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

403
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 8-29-07
Team
SCANNED
SEP 05 2007
By: G
3070556

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 Littell (Last) Ann (First) Marie (MI)

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

2. BUSINESS PHONE 337-296-2384 (Area Code) Phone Number

3. FAX PHONE _____

4. BUSINESS ADDRESS 304 Sandhurst (Street and No.) Lafayette (City) LA (State) 70508 (Zip)

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

5. EMPLOYER Abbott Laboratories

6. EMPLOYER'S ADDRESS 304 Sandhurst Dr. (Street and No.) Lafayette (City) LA (State) 70508 (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 Ann Marie Littell
Address 304 Sandhurst Drive, Lafayette, LA 70508
Business or purpose Pharmaceutical Sales Representative

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

☑ Terminated Representation as of 8/28/07 No Longer employed by Abbott Laboratories

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Form 905, Rev. 7/04

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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.

Ann Marie Littell

Signature of Lobbyist