EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

523

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 12-21-07
Sen-08
CK# 10104993
$110.00
ack✓
3070675

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 Moore (Last) Jerry (First) (MI)

2. BUSINESS PHONE (202) 220-1380 (Area Code and Phone Number)

3. FAX NUMBER (202) 220-1381

4. BUSINESS ADDRESS 444 North Capitol St., NW Suite 399 (Street and No.) Washington (City) DC (State) 20001 (Zip)

MAILING ADDRESS 444 North Capitol St., NW Suite 399 (Street and No.) Washington (City) DC (State) 20001 (Zip)

5. EMPLOYER Teva Pharmaceuticals USA, Inc.

6. EMPLOYER'S ADDRESS 444 North Capitol St., NW Suite 399 (Street and No.) Washington (City) DC (State) 20001 (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 Teva Pharmaceuticals USA, Inc.

Address 444 North Capitol St., NW Suite 399 Washington DC 20001

Business or purpose Healthcare and Pharmaceuticals

Does this person pay you? yes

If No, who pays you?

EXECUTIVE LOBBYING REGISTRATION FORM

523
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.

Signature of Lobbyist