filed final ERA(2/08)

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

3740
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1-18-08

Supp-Term
ack ✓

3070742

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 Icenhour (Last) Danny (First) L (MI)

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

2. BUSINESS PHONE 423-990-8306 (Area Code) Phone Number

3. FAX PHONE 423-990-8320

4. BUSINESS ADDRESS King Pharmaceuticals 501 5th St (Street and No.) Bristol (City) TN (State) 37620 (Zip)

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

5. EMPLOYER King Pharmaceuticals Inc

6. EMPLOYER'S ADDRESS Same (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 King Pharmaceuticals

Address 501 5th St Bristol, TN 37620

Business or purpose Product Representative

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 1-18-08

Form 505, Rev. 7/04

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No. _____

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.

_____
Signature of Lobbyist

King Pharmaceuticals

Danny Icenhour, Pharm.D.
Director
Professional Information Services

danny.icenhour@kingpharm.com

NYSE: KG

800.776.3537 x82306
423.990.8306
fax 423.990.8360

501 Fifth Street
Bristol, TN 37620

Form 505, Rev. 7/04