

(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

384
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 2-12-07
Ren 2007
#11931
\$110.
Wmi

3061830

Instructions

- 1. Print in ink or type.
- 1. 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.
- 1. 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 Abarca Mark M1
Last First

2. BUSINESS PHONE (361) 688-6272
Area Code and Phone Number

3. FAX NUMBER (210) 481-6272

4. BUSINESS ADDRESS 22810 Sabine Summit San Antonio Texas
Street and No. City State

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

5. EMPLOYER Daiichi Sankyo, Inc.

6. EMPLOYER'S ADDRESS Two Hilton Court, Parsippany, New Jersey 07054
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 Daiichi Sankyo, Inc.

Address Two Hilton Court, Parsippany, New Jersey 07054

Business or purpose Matters affecting the pharmaceutical manufacturing and health care industries

Does this person pay you? Yes

If No, who pays you? N/A

2007 FEB 13 AM 11:00
ETHICS BOARD RECEIVED

**EXECUTIVE LOBBYING
REGISTRATION FORM**

Executive Lobbyist Registration No.

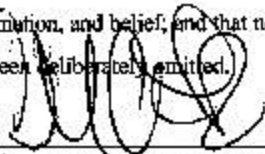
2. Name N/A
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

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

ATTACH
2" x 2"
PHOTOGRAPH
HERE