Louisiana Board of Ethics: Lobbyist Registration Form

Regist	ration Year:	2010	Branch(es):	Legislative	and Executive
		Demogra	phic Information:		
Lobbyist's Name:	CALLISTA A G	OHEEN		Lobbyist ID:	LB000090
Name Change:					
Address: Street: 1860 BAF	RRINGTON COUF	T			
City: ROANOKE		State: Texas	Zip: 76262		
Phone: <u>303-241-461</u> Fax: <u>817-431-0455</u>	<u>5 </u>				
		Employ	ver Information:		
Employer Name:	MedImmune, LL	2			
Employer Address:	Street: 3018 N	E 106th Street			
	City: Vancouver		State: Washington	Z	ip:_98686
Executive Branch L	obbyist Disclosu rincipal or emple	re Act for all of the lobb	pal or employer may opt to file a pyists who represent the principa ts required by the Executive Bra	al's or employed	r's
If you answered "Ye	es" on the question	n above, please provide	information for the Contact Per-	son:	
Contact Person's	Name:				
Contact Person's	Position:				
Contact Person's	Phone Number:				

Information about persons, groups, or organizations represented:

Representative Name: MedImmune, LLC

Description: Pharmaceuticals and biotechnology

		Washington	Zip: 98686	
Branch: Executive	Paid by Representation:	Yes Payment Category:	\$100,000 - \$249,999	
Start Date: 1/1/2009	If No, who pays you:			

Information about Business Relationships

Not Applicable