Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration			1. Effectiv	ve Date	of Re	gistration_	2/9/	04
2. House Identification	Senate Identification Number							
REGISTRANT 3. Registrant name	Covington & B	urling						
Address	1201 Pennsylv	ania Avenu	e. N.W.		·			
City	Washington	>>>+++++++++++++++++++++++++++++++++++						Ÿ
City	usiness (if different from	m line 3)			Lip (or (Country)		
5. Telephone number (202) 662-568	and contact name	_		Pern	on	E-mail (c	ptional)	jperr
6. General description Law firm	of registrant's business							
7. Client name	elf' and proceed to line 10. Darling Inte 251 O'Connor	***************************************	,,			***************************************		
Address		***************************************	,,					
City	Irving			State	TX		7503	
City	ousiness (if different fro			State/	'Zip (or	Country)		
•	of client's business or							
this section has s	vidual who has acted or erved as a "covered exe st for the client, <i>state th</i>	cutive branch o	official" or "c	covered	legislat	ive branch	official" v	vithin two
Name					Cove	red Official	Position	(if applica
Jeannie M. Pe	erron			*************	***********	••••••		***************************************
	Filing #022a5bce-bd41-							

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Form LD-1 (Rev. 06/98)			
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Registrant Name Covington	& Burling	Client Name	Darling	Internatio	onal Inc.		
LOBBYING ISSUES 11. General lobbying issue area		ole codes listed	in instructions and o	n the reverse	side of Form LD-		
ANI FOO _	WAS						
12. Specific lobbying issues (conditions of Disposal rendering	итеnt and anticipated						
AFFILIATED ORGA 13. Is there an entity other the a semiannual period and	an the client that co						
No ⇒ Go to line 1	4.	Yes Complete the rest of this section for each entity the criteria above, then proceed to line 14.					
Name		Address			Principal Place of But (city and state or co		
b) directly or indi- activities of the	y that: 0% equitable owner rectly, in whole or i e client or any orga	in major part, nization identi	plans, supervises, fied on line 13; 0	controls, dire r	ects, finances or		
of the lobbying No ⇔ Sign and date	·	_	ÌYes ↓Complete	the rest of the criteria a			
Name	Address		Principal place of business city and state or cou	of co	Amount of ontribution for bying activities		
Signature) Inco	Date 2	129/04		

Printed Name and Title Jeannie M. Perron, Special Counsel

Form LD-I (Rev. 06/98)