rk 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

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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

Registrant Name [NOTO MARKET NOTO MARKET	
Principal Place of Business (if different from line 2)	# 12021 Arlinito
Contact Name	(or Country) E-mail (optional) 5. Senate ID # 7.5570 6. House ID #
TYPE OF REPORT 8. Year 300 \(\) Midyear	(January 1-June 30) OR Year End (July 1-Decer
O. Check if this filing amends a previously filed version of this is 10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES. Complete Either	Date
	13. Organizations
12. Lobbying Firms INCOME relating to lobbying activities for this reporting	EXPENSES relating to lobbying activities for this rep period were:
period was: Less than \$10,000 □	Less than \$10,000 ☐ \$ \$ \$ Expenses (nearest \$20,000 or more ☐ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
\$10,000 or more \$\frac{1}{\text{Income (nearest \$20,000)}}\$ Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description (
	- 1 Wilding M. McDorras
	Method C. Reporting amounts under section le

Printed Name and Title DOCK SURKYOND (MRS 17)

LD-2 (REV. 6/98)

egistrant Name Client Name		
LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the regeneraged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, I information as requested. Attach additional page(s) as needed.		
15. General issue area code (one per page)		
16. Specific lobbying issues	ANTI-BACTER	
Pring TO F	EPERNI GOVERNI	
17. House(s) of Congress and Federal agencies contacted	Check if None	
HOD, DOT	DOF NAVY COUSI	
18. Name of each individual who acted as a lobbyist in this	issue area	
Name	Covered Official Position (if applicable)	
MAGNINE MORE		
***************************************	Vine 16 above Creek if None	
19. Interest of each foreign entity in the specific issues listed or	i line 16 above	
Signature Filing #029e7561-6564-4a37-a284-3535ceb	ba06a - Page 3 of 4	

DOUCH STORMS PRESIDENT Printed Name and Title____

Form LD-2 (Rev.6/98)