1. Effective Date of Registration_

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

04 APR 22 AM 11:50

4/22/04

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration \Box

2. House Identification Number	Senate Identification Number			
REGISTRANT 3. Registrant name Covington & Burli	ng			
Address 1201 Pennsylvania	Avenue, N.W.			
City Washington	State DC Zip 20004			
Principal place of business (if different from line 3) City	State/Zip (or Country)			
Telephone number and contact name (202 662-5687 Contact General description of registrant's business or activities Law	Jeannie Perron E-mail (optional) jperro			
labeled "Self" and proceed to line 10. Self 7. Client name	Beef			
45104590404441098889044444555566649444444444444444444444444	State KS Zip 67005			
8. Principal place of business (if different from line 7) City	State/Zip (or Country)			
9. General description of client's business or activities Beef Packer				
this section has served as a "covered executive bra	d to act as a lobbyist for the client identified on line 7. If any per nch official" or "covered legislative branch official" within two; e and/or legislative position(s) in which the person served. Covered Official Position (if applical			
Jeannie Perron				
Filing #0a3d3243-4b0d-4e09-8cba	-48816b171e01 - Page 1 of 4			

Form LD-1 (Rev. 06/98)	 		
CALIFICATION OF THE STATE OF TH	1		

-	SUES issue areas. Select all app	dicable codes listed in inc			
FOO ANI	ТТЯО	meanic codes hated in ma	suuctions and on the	reverse side of Form LD	
12. Specific lobbying i	issues (current and anticip	pated)			
Testing of cat	tle.				
3. Is there an entity o	PRGANIZATION other than the client than od and in whole or in n	t contributes more than	n \$10,000 to the lo	bbying activities of the	
No ⇒ Go to line 14.		☐ Yes 『Comp	Yes Complete the rest of this section for each entity the criteria above, then proceed to line 14.		
Name	>	Address		Principal Place of Bus (city and state or cou	
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ODDICAL RANGE					
Is there any foreign a) holds at l	n entity that: least 20% equitable own	nership in the client or	any organization	identified on line 13; 0	
Is there any foreign a) holds at le b) directly o	n entity that: least 20% equitable own or indirectly, in whole o	or in major part, plans,	supervises, contro	identified on line 13; o lls, directs, finances or	
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