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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 1

Organization Cephalon, Inc.		
2. Address Check if different than previously reported	4 (1	
Address 145 Brandywine Perkway 1/01 Peunsyl	varia Ave NW	1
City West Charles Washing ton State &	A D. C. Zip Code 19380 20	0004 Country USA
3. Principal place of business (if different than line 2)		
	PA zip Code 19380 ip or Country	Country U.
4a. Contact Name b. Telephone πumber Prefix Full Name	c. E-mail	5. Senate ID#
Ms. Jeannine M. Bender 610-738-6527 jben	der@cephalon.com	8761-12
7. Client Name Self		6. House ID# 33486000
10. Check if this is a Termination Report	<u>-</u>	11. No Lobbying Acti
INCOME OR EXPENSES - Complete Either Line 1	2 OR Line 13	11. No Lobbying Activ
	2 OR Line 13	nizations
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	halon, Inc.	C1	ient Name
engaged in lobbying information as reque	IVITY. Select as on behalf of the clasted. Attach additional additional actions are selected.	lient during the reporting tional page(s) as needed	y to reflect the general issue areas in which the reg g period. Using a separate page for each code , l.
15. General issue are	ea code ALC - Alc	ohol & Drug Abuse	(one per page)
16. Specific lobbyin			ge to continue specific issues description for this issue
Controlled Subst	ance Issues		
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18. Name of each in	ndividual who acto Name Last Name	ed as a lobbyist in this is	ssue area Add a page to continue additing lobbyists for the Covered Official Position (if applicable)
First Name	Name	1	
First Name	Name Last Name	Suffix	
First Name	Name Last Name	Suffix	
First Name	Name Last Name	Suffix	
First Name	Name Last Name	Suffix	

Printed Name and Title Jeannine W. Bondor, Chib., Shooting Statement

LD-2DS (RA)

egistrant Name	ephalon, Inc.	Cli	ent Name
OBBYING AC	TIVITY. Select as a	many codes as necessary ient during the reporting ional page(s) as needed.	to reflect the general issue areas in which the reperiod. Using a separate page for each code
5. General issue	area code	edicare/Medicaid	(one per page)
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	Congress and Federal	agencies contacted	Check if None
U.S. House of U.S. Senate	i Kehiesemanyes		
U.S. Senate		ed as a lobbyist in this is	sue area Add a page to continue additing lobbyists for t
U.S. Senate		ed as a lobbyist in this is	sue area Add a page to continue additing lobbyists for t Covered Official Position (if applicable)
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LD-2DS (RJ)

gistrant Name	Cephalon, Inc.	Client Name	
OBBYING AC	CTIVITY. Select as ring on behalf of the cli	many codes as necessary to reflect the general issue areas in wh lient during the reporting period. Using a separate page for ea tional page(s) as needed.	ich the r i ch code
5. General issue	area code PHA - Pha	armacy (one per page)	
6. Specific lobby	ying issues	Add page to continue specific issues description for this is	ssue 👂
Pharmacy Co	mpounding		
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U.S. House o U.S. Senate	f Representatives	ed as a lobbyist in this issue area Add a page to continue additing lob Covered Official Position (if applicable)	
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Printed Name and Title	Jeannine M. Bender, Ph.D., Director, Government / mana	<u></u>
LD-2DS (RIP		Page _2

Registrant Name	Cephalon, Inc.		Client Name	
LOBBYING AC	CTIVITV Select as	lient during the repor	ssary to reflect the general issue areas in which rting period. Using a separate page for each order.	the r code
15. General issue	TRD - Tra	ade (Domestic & Fore	eign) (one per page)	
16. Specific lobb	ying issues	Ac	dd page to continue specific issues description for this issue	B
Drug Reimpo	rtation			
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18 Name of eac	ch individual who act	ed as a lobbyist in th	nis issue area Add a page to continue additing lobbyisti	s for t
First Name	Name Last Name	Suffix Ph.D	Covered Official Position (if applicable)	
Jeannine M.	Bender	FILD		

19. Interest of	each foreign entity in	the specific issues li	isted on line 16 above Check if None	

LD-2DS (R)

Registrant Name Cephalo	n, Inc.		Client N	ame		_
Information Upda		Complete ONLY	where regi	stration inforn	nation has changed	
20. Client new address			 "			
Address					_	
City		,	State	Zip Code	Country	
21. Client new principal	place of busing	ness (if different than	line 20)			
City			State	Zip Code	Country	
22. New general descrip	tion of client's	s business or activitie	S			
LOBBYIST UPDAT	ΓE				i i i i i i i i i i i i i i i i i i i	4
23. Name of each prev	iously repor	ted individual who	is no longer	expected to act a First Name	S a lobbyist for the cite Last Name	ent Su
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ISSUE UPDATE				Find the code to	select below.	
24. General lobbying i	ssues that ne	longer pertain				
		-0370	<u></u>			
AFFILIATED ORG						
25. Add the following	affiliated or	ganization(s)	Address		Principal place of B	usines
Name			Addicas		(city and state or c	
***************************************		Address			City	
		C/S/Z			State Cour	ıtry
		Address			City	
		C/S/Z			State	
26. Name of each pre	viously repo	rted organization th	at is no long	er affiliated with	the registrant or client	t
1		2		[3]		
FOREIGN ENTIT	TEC					
27. Add the following		ties				
Name		Address		al place of business	Amount of contribution	Ov per
	Street Addres	s State/Province Co		nd state or country)	for lobbying activities	chie
***************************************			City			
			State	Country		
				-	a official with the regis	ctrant
		d foreign entity that r	io longer own	s, <u>or</u> controls, <u>or</u> 1	s affiliated with the regis	su alli-
affiliated organization	JII.	[3]		Ţ	5	
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