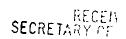
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



05 FEB 15

LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

		04000440	1. Effective Date of F	-	
2. House Identification Number		31699140	Senate Identification Number		
REGISTRANT 3. Registrant name	e Organization Brace	well & Patterson, L.L.	P.		
***************************************	K STREET, NW		SUITE 50	00	
City WASH	HINGTON	State DC	Zip 200	006-1872 (
4. Principal place	of business (if differe	nt than line 3)			
City		State	Zip		
•	ber and contact name 28-5841 Co	Prefix Full Name		michael.pate@bracepatt.co	
	ntion of registrant's bu				
7. Client name	"Self" and proceed to line 10 DmegaTech Interest F	. □ <i>Self</i> Holders		ing in-house lobbyists should check th	
		15 River Road, Suite :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City Wiltor	•••••••••••••••••••••••••••••••••••••••	State CT	Zip 068	397 Country	
	of business (if differe		~ .	_	
			Zip	Country	
•	ition of client's busine st in Omega fatty acid				
section has serv	ed as a "covered executi e client, <i>state the execu</i> t	ive branch official" or "c tive and/or legislative po	covered legislative branc psition(s) in which the pe	Go to page 3 to add mo entified on line 7. If any person th official" within two years of erson served. al Position (if applicable)	
First	Last	Suffix			
Scott H.	Segal				

Page_

Registrant Na	gistrant Name_Bracewell & Patterson, L.L.P.			Client Name OmegaTech Interest Holders			
	ING ISSU.	ES Find the code to areas. Select all applicable			Go to page 3 to add more to reverse side of Form LD-		
F00	GOV			 -			
•	• •	es (current and anticipated) inquiries regarding conter	nt claim			<u> </u>	
13. Is there	an entity other	GANIZATIONS than the client that contribund in whole or in major part				ıt in	
No ⇔ Go to line 14.		14.	Yes ⇒ Complete the rest of this section for each entity r criteria above, then proceed to line 14.			chir	
Name			Address		Principal place of Busin (city and state or coun		
	ON ENTIT				Go to page 3 to add more	fore	
	b) directly or in the client orc) is an affiliat	st 20% equitable ownership ndirectly, in whole or in maj any organization identified to of the client or any organitivity?	or part, pla on line 13:	ans, supervises, controls, d	rects, finances or subsidiz		
lobbying activity? No ⇒ Sign and date the registration.				Yes ⇒ Complete the rest of this section for each entimatching the criteria above, then sign and dat registration.			
Name		Address Street Address City State/Province Country		Principal place of business (city and state or country)	Amount of contribution for lobbying activities		
				•	Form	Ĉο	

Printed Name and Title Michael L. Pate, Partner