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 OLJULII AHII: 19

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 🔲	Effective Date of Registration June 14, 2001				
House Identification Number Senate Identification Number					
REGISTRANT 3. Registrant name O'Melveny & Myer.	11477141141 Watabida-14-1-414141-1-1-1-1-1-1-1-1-1-1-1-1-1-				
Address 555 13th Street,	NW, Suite 500 West				
City Washington	State DC Zip 20004				
Principal place of business (if different from City	ine 3) State/Zip (or Country)				
5. Telephone number and contact name (202) 383-5300	Kerry Krentler - Primary Suzanne Rich Folsom - Secondary Contact E-mail (optional)				
6. General description of registrant's business of Law Firm	r activities				
CLIENT A Labbying firm is required to file a sepa- inheled "Self" and proceed to line 10. 7. Client name Imclone Systems, In-	rate registration for each client. Organizations employing in-house tobbylsts should check the box Solf				
Address 180 Varick Street					
City New York	State NY Zip 10014				
8. Principal place of business (if different from City					
9. General description of client's business or ac Development of biop	tivities				
this section has served as a "covered execu	expected to act as a lobbyist for the client identified on line 7. If any person listed in dive branch official" or "covered legislative branch official" within two years of first secutive and/or legislative position(s) in which the person served.				
Name	Covered Official Position (if applicable)				
Ronald A. Klain	Assistant to the President; Chief of Staff				
Jessica Davidson Miller					
Jeremy Bash					
Amy Kay					
From LD-1 (Rev. 06/98)	(tage !				

gistrant Name U'Melveny S My	rets LEP Cha	nt Name IntClone Syst	ess, Inc.		
LOBBYING ISSUES (I. General lobbying issue areas. S CSP HCR MET	- 1	s listed in instructions and on	the reverse side of Form LD-	i, page 1.	
2. Specific lobbying issues (curren Compassionate Use Inc clinical testing proc	estigational Ne	w Drug Applications	during FDA		
FFILIATED ORGANIZ 3. Is there an entity other than the a semiannual period and in w	ie elient that contribut				
No Go to line 14.		☐ Yes I Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.			
Name		Address	Principal Place of Business (city and state or country)		
 b) directly or indirectl activities of the client 	equitable ownership in y, in whole or in majo ent or any organizatio client or any organiz vity?	pr part, plans, supervises, on identified on line 13; OT ation identified on line 13 Wes 1 Complete to the part of the part o	and has a direct interest in the rest of this section for e	subsidizes the outcome	
		matching the criteria above, then sign and date the registration.			
Name	Addiess	Principal place of business (city and state or cour	contribution for	Ownership percentage in client	
Signature K-V		-	Date_July_10, 8	<u> </u>	
Printed Name and Title Ker	ry A. Krentler,				
Form L.D-1 (Rev. 06/98)				Fage 2	