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

Check if this is an Amended Registration

2. House Identification Number __

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

37237



1. Effective Date of Registration ___

Senate Identification Number __

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

| A 33 | rant name | DQB INTERNATION | | | |
|------------|---------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Adores | s 4040 BROADWAY | *************************************** | ******************** | SUITE 630 | |
| City | SAN ANTONIO | S | State TX | Zip 78209 | USA |
| 4. Princip | oal place of business (if | different than line 3 |) | | |
| City | | S | State | Zip | |
| 5. Teleph | one number and contact | name | *************************************** | *************************************** | |
| | 210-829-5696 | Contact Mr. | DAVID Q. BATES | JR. E-mail DQBATES@DQB | I,COM |
| | al description of registra SULTING FIRM | nt's business or acti | vities | | ••••••••••••••••••••••••••••••••••••••• |
| | T A Lobbying firm is required labeled "Self" and proceed name NOVARTIS AG | to line 10. LSelf | on for each cliens. O | rganizations employing in-house lobbyi | sts should check the bo |
| Addres | S CH-4002 BASEL | | | ••••••••••••••••••••••••••••••••••••••• | *************************************** |
| City | SWITZERLAND | S | State | Zip | SW |
| 8. Princip | oal place of business (if | different than line 7 |) | | ******************************** |
| City | | | State | Zip | |
| | al description of client's D LEAER IN PHARMA | | es | EALTH. | •••• |
| section | of each individual who ha n has served as a "covered | executive branch office executive and/or leg | cial" or "covered | at for the client identified on line a legislative branch official" withing s) in which the person served. Covered Official Position (if ap | n two years of first |
| u 1000, | | - | | | |
| DAVID | Q. BATES | JR. | | | ·, |
| | Q. BATES | JR. | | | |
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|---------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------|------------------------------------------------------------|------------------|--|
| DIS | HCR | MED | | - | | | | |
| - | · • | s (current and antic COUNSEL AND M | • | | OF CONCERN TO THE CO | DMPANY. | | |
| 13. Is there | an entity other | | contrib | | than \$10,000 to the lobbyin pervises or controls the regi | | | |
| No ⇒ Go to line 14. | | 14. | Yes 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) | | |
| 14. Is there | b) directly or in the client or c) is an affiliate lobbying acti | ntity that: t 20% equitable over the directly, in whole any organization is the of the client or an ivity? | or in ma dentifie ny organ | ajor part, p d on line 1: | entified on line 13 and has a | lirects, finances or subsidi | ome of t | |
| NO. | o ⇔ Sign and da | ate the registration. | • | | | rest of this section for each criteria above, then sign an | | |
| N | ame | Add | lress | | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Ow perd in | |
| | | | | | | | | |

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