

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

RECEIVED
SECRETARY OF THE SENATE
07 SEP 14 AM 9:25

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 8/10/07

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Black Swan LLC

Address 207 Pennsylvania Ave SE

City Washington State DC Zip 20003

4. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) _____

5. Telephone number and contact name
(202) 454-5232 Contact Andrew Shoc E-mail (optional)

6. General description of registrant's business or activities
Lobbying ashoc@black.

CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10. Self

7. Client name Hoffman-La Roche

Address 1425 K Street NW, Fl 650

City Washington State DC Zip 20005

8. Principal place of business (if different from line 7)
City Asstley State/Zip (or Country) NJ 0711

9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any this section has served as a "covered executive branch official" or "covered legislative branch official" within t acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if appl
<u>Andrew Shoc</u>	

000083171

Form LD-1 (Rev. 06/98)

Registrant Name Black Swan LLC Client Name Holtzman-Lo Roche

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LI

1701 017 TRO _____

12. Specific lobbying issues (current and anticipated)

General Health Care issues
Medicare coverage of ESTD drugs
Patient Refor m

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity identified on line 13, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each foreign entity identified on line 14, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature [Handwritten Signature]

Date 9/11/07

1000083172

Printed Name and Title Andrew M. Snow, President

Form LD-1 (Rev. 06/98)