

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
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SECRETARY OF THE
05 FEB 17 AM 11.**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name POLICY DIRECTIONS INC.			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported New Suite No. 818 CONNECTICUT AVENUE, NW, SUITE 950			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20006			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
FRANKIE L. TRULL	(202) 776-0071		3
7. Client Name <input type="checkbox"/> Self ALPHARMA, INC.			6. House ID
			3

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature _____

Frankie L. Trull

FRANKIE L. TRULL, PRESIDENT

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name POLICY DIRECTIONS INC. Client Name ALPHARMA, INC.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code AGR (one per page)

16. Specific lobbying issues

Antibiotics in animal foods
Drug approvals
Animal Agriculture

17. House(s) of Congress and Federal agencies contacted Check if None

U. S. HOUSE OF REPRESENTATIVES
U. S. SENATE
FDA
USDA

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
FRANKIE L. TRULL	
STEVE KOPPERUD	

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

Signature Frankie L. Trull Date February 13, 2008

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

Registrant Name POLICY DIRECTIONS INC. Client Name ALPHARMA, INC.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code PHA (one per page)

16. Specific lobbying issues

Antibiotics in animal foods
Drug approvals

17. House(s) of Congress and Federal agencies contacted Check if None

U. S. HOUSE OF REPRESENTATIVES
U. S. SENATE
FDA

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
FRANKIE L. TRULL	
STEVE KOPPERUD	

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

Signature *Frankie L. Trull* Date February 13,

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

