THIS SPACE FOR OFFICE USE ONLY

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Miles	NATE	R	(206)409-8032
MAILING ADDRESS (Street) 603 Stewart St. Suite 1014			FAX (206)223-5327
Seattle (City)	WA (State)	98101 (Zip Code)	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) ~~Eli Lilly and Company~~			TELEPHONE ~~(206)409-8032~~
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Eli Lilly and Company			(206)409-8032
MAILING ADDRESS (Street) 603 Stewart Street Suite 1014			FAX (206) 223-5327
(City) Seattle	(State) WA	(Zip Code) 98101	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Nate Miles			TELEPHONE (206)409-8032
MAILING ADDRESS (Street) 603 Stewart St. Suite 1014			FAX (206) 223-5327
(City) Seattle	(State) WA	(Zip Code) 98101	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Signature Block

(Signature of Lobbyist)

1/8/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

John Quirk

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

NAME OF ORGANIZATION (if applicable)

Eli Lilly and Company

TELEPHONE

MAILING ADDRESS (Street)

555 12th St. N.W

FAX

(City) Washington (State) D.C. (Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Signature Block

(Signature of Authorizing Officer or Person Represented)

1/8/07

(Date)