Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 http://lobbyingdisclosure.house.gov Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510
http://www.senate.gov/lobby

LOBBYING REPORT

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

1. Registrant Name Organization/Lobbying Firm Self Employed Individual Balch & Bingham LLP						
2. Address Address1 801Pennsylvania Avenue, NW	Address2 Suite 325					
City Washington State	<u>DC</u> Zip Code <u>20004</u>	Country USA				
3. Principal place of business (if different than line 2) City State	Zip Code	Country				
4a. Contact Name b. Telephone Mr. JAMES H. HANCOCK, JR. 2052518100	c. E-mail jhancock@balch.com	5. Senate ID# 5197-797				
7. Client Name Self Check if client is a state Biocryst Pharmaceuticals, Inc.	te or local government or instrumentality	6. House ID# 311070045				
	MUST complete either Line 12 or I					
INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13 12. Lobbying INCOME relating to lobbying activities for this reporting period was: EXPENSE relating to lobbying activities for this reporting period were:						
Less than \$5,000	Less than \$5,000					
\$5,000 or more	\$5,000 or more \$					
Provide a good faith estimate, rounded to the nearest \$10,000, 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).	14. REPORTING Check box to indicate expense accounting method. See instructions for description of options.					
	Method A. Reporting amounts using LD. Method B. Reporting amounts under sect the Internal Revenue Code	-				
	Method C. Reporting amounts under section 162(e) of the Internal Revenue Code					
Signature Digitally Signed By: James H. Hancock, Ir -Partner	De	ote 04/12/2010				

Add additional page(s)) as needed.			•	·	
15. General issue area	code MED					
16. Specific lobbying i	ssues					
Federal response to the	e pandemic influenza outb	oreak and pandemic p	reparedness.			
17. House(s) of Congre	ess and Federal agencies	Check if No	ne			
U.S. SENATE, U.S. H	OUSE OF REPRESENT.	ATIVES, Health & H	luman Services	- Dept of (HHS)		
18. Name of each indiv	vidual who acted as a lobb	yist in this issue area				
First Name	Last Name	Suffix	Covered	l Official Position (if ap	plicable)	New
Michael	Davis	II	Field Represer	ntative - Sen. Jeff Sessio	ns	
William	Stiers		Leg. Dir Rep	os. Wm. Dickinson and	Terry Everett	
10 Interest of each for	reign entity in the specific	igguag ligted on line	6 abovo	Charle if None		
19. Interest of each for	eigh entity in the specific	issues listed oil fille	to above	Check if Notice		
Information Up	date Page - Compl	lete ONLY whe	ere registra	tion information	has change	ed.
20. Client new address	3					
Address						
				Zip Code	Country	/
21. Client new principa	al place of business (if dif	ferent than line 20)				
City		St	ate	Zip Code	Country	v
						·
22. New General descr	ription of client's business	s or activities				
Γ						
LOBBYIST UP	DATE					
			. 1	111 '46 4 1' 4		
23. Name of each prev	riously reported individual	who is no longer ex	sected to act as	a lobbyist for the client		
First Name	Last Name	Suffix	First Name	Last Name		Suffix
1		3				
_						
ISSUE UPDATI	E					
24. General lobbying i	ssue that no longer pertair	18				

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

Name	Street Address	dress	Principal Place of B (city and state or co					
			City State Count	ry				
26. Name of each previously reported organization that is no longer affiliated with the registrant or client								
1	2	3						
FOREIGN ENTITIES 27. Add the following foreign entities:								
	Address Street Address City State/Province Country	Principal place of busin (city and state or countr		Ownership percentage in client				
		City State Country		%				
28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization								
1 2	3	5						