

## STATE OF NEW HAMPSHIRE 2023 Statement of Income and **Expenses for LOBBYISTS** (RSA Chapter 15)

## RECEIVED

JUL 25 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

Nathan Bryce

I. Name of Lobb	yist(s)	Nathan Bry				DEPARTMEN
II. Name of lobb	yist's part	nership, firm o	r corporatio	on, if any:		
lpsen Biopha	rmaceu	ticals, Inc.				
	(Name of p	artnership, firm o	r corporation)			<del></del> _
One Main	Street	,Unit 700	Caml	bridge	MA	02142
Business Address:	(Street)		(Town/	City)	(State)	(Zip Code)
(646) 59	96-4490 	(	)		<sub>e-mail</sub> nathan.bry	/ce@ipsen.cc
(Telepho	one)		-	(Fax)		
reportable exper	ise transai	ctions which are	e not attribu	itable to any	•	
			he months p	rior to the rep	porting date relative to the f	following client:
lpsen Biopha			•.		<del></del>	<del></del>
OR	(Full	Name of Client a	s it appears or	1 the Lobbyist	Registration Form)	
<del></del>			t (including	the lobbyist's	s family), or the lobbying fi	irm listed below which a
IV. Date of Repo Reports cover:		ril 26, 2023 In date of registrat	ion to 3/31/2.	3 uc	July 26, 2023 Value of 1997 10 10 10 10 10 10 10 10 10 10 10 10 10	
		ober 25, 2023 From 7/1/23 to 9/30	0/23	activii	January 31, 2024	
	ked, compl	ete just this forn	ı and submit		sactions made since the retary of State's Office, 107	
VI. Check if add	itional rep	orts are attach	ed:			
	-			must file Ad	dendum A- Fees and Exp	enses
	aid an hon				t file Addendum B- Repo	
If you, your f	irm, or you	ır family has ma	de political o	ontributions,	, you must file Addendum	C-Political Contributio
Sworn Statemen I have read RSA : and completatabl Nathan B	15, RSA 1: ne best of r	5-B, RSA 14-C a	ind RSA 664	l and hereby :	swear or affirm that the for 7/20/2023	egoing information is tru
(Signature of lob			<del></del>		(Date)	<del></del> _
Nathan Bryc	• •				(Date)	
(Print Name of lo						