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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration: 09/01/2006

2. House Identification Number: 34405 Senate Identification Number: 47110

REGISTRANT

3. Registrant name Organization: Thompson Coburn, LLP

Address: 1909 K ST NW Suite 600

City: Washington State: DC Zip: 20006 USA

4. Principal place of business (if different than line 3)

City: St. Louis State: MO Zip: 63101 USA

5. Telephone number and contact name

Prefix: Full Name

202-585-6954 Contact: Ms. Charlotte Bensaada E-mail: Cbensaada@thompsoncoburn.com

6. General description of registrant's business or activities

Law firm

CLIENT

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

7. Client name: Cyren Call Communications Corporation

Address: 7601 Lewinsville Road, Suite 201

City: McLean State: VA Zip: 22102 Country: USA

8. Principal place of business (if different than line 7)

City: State: Zip: Country:

9. General description of client's business or activities

Telecommunications

LOBBYISTS

Go to page 3 to add more lobbyi

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 person listed i section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acti a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name First	Name Last	Name Suffix	Covered Official Position (if applicable)
Warren	Dean	Jr.	
Anthony	Anderson		

00002514 09

Registrant Name Thompson Coburn, LLP Client Name Cyren Call Communications Corporation

LOBBYING ISSUES

HOM - Homeland Security

Go to page 3 to add more lobbying issue

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

TEC

12. Specific lobbying issues (current and anticipated)

Public Safety/Commercial Wireless Network

AFFILIATED ORGANIZATIONS

Go to page 3 to add more organizatior

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in 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 matching the criteria above, then proceed to line 14.

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

FOREIGN ENTITIES

Go to page 3 to add more foreign entiti

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **or**

b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities 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 outcome of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownersh percenta in clien

Form Complet

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LD-1DS (Rev. 4.07)

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3902514 10

Registrant Name Thompson Coburn, LLP

Client Name Cyren Call Communications Corporation

ADDITIONAL LOBBYISTS

Return to page 2 to finish the form

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish the form

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

HOM - Homeland Security

AFFILIATED ORGANIZATIONS

Return to page 2 to finish the form

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

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

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish the form

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage if
	Street Address City	State/Province	Country			

Add an additional supplementary information page

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