LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

623
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-28-10

10008853

Instructions

- Print in ink or type.
- Complete form and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Welch (Last) Linda (First) K. (MI)

2. BUSINESS PHONE (225) 389-9429 (Area Code and Phone Number)

3. BUSINESS ADDRESS 729 S. Acadian Thruway (Street and No.) Baton Rouge (City) LA. (State) 70806 (Zip)

MAILING ADDRESS SAME AS Above (Street and No.) (City) (State) (Zip)

4. EMPLOYER HealthCare Solutions, LLC

5. EMPLOYER'S ADDRESS 729 S. Acadian Thruway (Street and No.) Baton Rouge (City) LA. (State) 70806 (Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Rural Hospital Coalition, Inc.

Address 729 S. Acadian Thruway, Baton Rouge, LA. 70806

Business or purpose TRADE ORGANization representing Louisiana's Rural Hospitals

Does this person pay you? Yes *

If No, who pays you? * Through contract with Healthcare Solutions, LLC

Form 500, Rev. 6/09

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2. Name CARSA

Address 729 S. Acadian Thruway, Baton Rouge, Louisiana 70806

Business or purpose TRADE organization of providers of services to developmentally disabled individuals

Does this person pay you? Yes *

If No, who pays you? * Through contract with Healthcare Solutions, LLC

3. Name HealthCare Solutions, LLC

Address 729 S. Acadian Thruway, Baton Rouge, La. 70806

Business or purpose Consulting on healthcare reimbursement issues

Does this person pay you? Yes

If No, who pays you?

4. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Linda Lilek
Signature of Lobbyist

Form 500, Rev. 8/99