LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

185

Lobbyist's Registration Number

01-19-00

FOR OFFICE USE ONLY
Postmark Date: 1-28-00
Recd
JH 2/1/00
$10.00
KD
1000885
Signature & photo rec'd 3/1

Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Bradford (Last) James (First) E. (MI)

2. BUSINESS PHONE (318) 259-5358

3. BUSINESS ADDRESS One Mill Street (Street and No.) Hodge, LA (City) 71247 (State) (Zip)

   MAILING ADDRESS One Mill Street (Street and No.) Hodge, LA (City) 71247 (State) (Zip)

4. EMPLOYER Smurfit-Stone Container Corporation

5. EMPLOYER'S ADDRESS One Mill Street (Street and No.) Hodge, LA (City) 71247 (State) (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

   1. Name Smurfit-Stone Container Corporation

      Address One Mill Street, Hodge, LA 71247

      Business or purpose Paper Mill

      ☐ New Representation
      Does this person pay you? Yes

      If No, who pays you? ____

      ☐ Terminated Representation as of ____

Form 501, Rev. 6/99

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2. Name

   Address

   Business or purpose

   Does this person pay you?

   If No, who pays you?

3. Name

   Address

   Business or purpose

   Does this person pay you?

   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.

Signature of Lobbyist

Form 600, Rev. 6/99