LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-7-08

1090929

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 70809-7012, (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 Hidalgo (Last) Don (First) P. (MI)

2. BUSINESS PHONE 225-927-0160

3. BUSINESS ADDRESS 4637 Jamestown (Street and No.) Baton Rouge (City) LA (State) 70808 (Zip)

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

4. EMPLOYER Health Associates, LLC

5. EMPLOYER'S ADDRESS SAME (Street and No.) (City) (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 Health Associates, LLC

      Address 4637 Jamestown Ave.

      Business or purpose Health Care Management

      [X] New Representation
      Does this person pay you? YES

      If No, who pays you?

      [ ] Terminated Representation as of

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Hidalgo Health Associates

Address SAME

Business or purpose IAP Employee Assistance Program Consultants

[x] New Representation
Does this person pay you? YES

If No, who pays you?

[ ] Terminated Representation as of

3. Name Health Associates of America

Address SAME

Business or purpose Utilization Review (MNRO)

[x] New Representation
Does this person pay you? YES

If No, who pays you?

[ ] Terminated Representation as of

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.

Don Hidalgo
Signature of Lobbyist

Form 501 Rev. 8/99