LOBBYING SUPPLEMENTAL REGISTRATION FORM
To be used for changes to registrations and terminations.

Lobbyist's Registration Number
414

FOR OFFICE USE ONLY
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$ 10.00
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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 FROST (Last) GREGORY (First) D. (MI)

2. BUSINESS PHONE (225) 929-7033

3. BUSINESS ADDRESS 8440 Jefferson Hwy., Suite 301, Baton Rouge, LA 70809
Street and No. City State Zip

MAILING ADDRESS SAME AS ABOVE
Street and No. City State Zip

4. EMPLOYER: ROEDEL PARSONS KOCH FROST BALHOFF & McCOLLISTER

5. EMPLOYER'S ADDRESS SAME AS ABOVE
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 ALLIANCE

Address: 875 N. MICHIGAN AVE.

Business or purpose: HEALTHCARE

☒ New Representation
Does this person pay you? YES

If No, who pays you?

☐ Terminated Representation as of

Form 501, Rev. 5/99

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SUPPLEMENTAL REGISTRATION FORM

2. Name: LA ASSISTED LIVING ASSOCIATION

   Address: 561 CONCORDIA STREET

   Business or purpose HEALTHCARE

   ☒ New Representation
   Does this person pay you? YES

   If No, who pays you?

   ☐ Terminated Representation as of

3. Name: HOMECARE ASSOCIATION OF LA

   Address: 223A MAIN STREET

   Business or purpose: HEALTHCARE

   ☒ New Representation
   Does this person pay you?

   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.

Signature of Lobbyist

Form-501 Rev. 8/98