LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

862
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4 · 19 · 00
Reg
#: 8200
$ 10.00
KSD

1000954

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 Taylor (Last) Harold (First) L [redacted] (MI)

2. BUSINESSPHONE 337-233 1307 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1340 Surrey St. (Street and No.) Lafayette (City) LA (State) 70501 (Zip)

MAILING ADDRESS 1340 Surrey St (Street and No.) Lafayette (City) LA (State) 70501 (Zip)

4. EMPLOYER Louisiana Health Care Group

5. EMPLOYER'S ADDRESS 1340 Surrey St. (Street and No.) Lafayette (City) LA (State) 70501 (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 Louisiana Rural Water Association, Inc.

Address P.O. Box 180, Kinder, LA 70648

Business or purpose Tech - Training Water System Operators

Does this person pay you? Yes, Purchase Rec

If No, who pays you?

Form 600 Rev. 6/99

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2. Name Louisiana Health Care Group, LLC

   Address 1345 Surrey St Lafayette, LA 70501

   Business or purpose Health Care Service Business

   Does this person pay you? yes

   If No, who pays you?

3. Name Louisiana Rural Electric Association

   Address PO Box 90866, Service Road I-49, Lafayette, LA 70509-0866

   Business or purpose Louisiana Rural Electric Corporations

   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.

Signature of Lobbyist

Form 500, Rev. 6/99