LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

232
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-16-01

10100412

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: Crochet (Last) Anne (First) J. (MI)

2. BUSINESS PHONE: 225/387-3221 (Area Code and Phone Number)

3. BUSINESS ADDRESS: 451 Florida Street, 8th Floor, Bank One Centre, Baton Rouge, LA (Street and No. / City / State / Zip)

MAILING ADDRESS: P. O. Box 2471, Baton Rouge, LA 70821 (Street and No / City / State / Zip)

4. EMPLOYER: Taylor, Porter, Brooks & Phillips, LLP

5. EMPLOYER'S ADDRESS: same as above (Street and No. / City / State / 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: Waste Management of Louisiana, LLC

Address: 29385 Woodside Drive, Walker, LA 70785

Business or purpose: collection, transportation, treatment and disposal of wastes

Does this person pay you? yes

If No, who pays you?

HAND DELIVERED

Form 503 Rev. 6/99

LOBBYING REGISTRATION FORM

232
Lobbyist's Registration Number

2. Name Chemical Waste Management, Inc.

Address 7170 John Brannon Road, Sulphur, LA 70663

Business or purpose collection, transportation, treatment and disposal of wastes

Does this person pay you? yes

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

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 3Ab, Rev. 8/99