LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

5001

513

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-2-07

Rec'd
HF-23770
$10.00
KS

1010177

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 Prados (Last) Sean (First) ____ (MI)

2. BUSINESSPHONE 225-928-0026 (Area Code and Phone Number)

3. BUSINESS ADDRESS 9521 Brookline Ave (Street and No) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS same as above (Street and No.) ____ (City) ____ (State) ____ (Zip)

4. EMPLOYER Louisiana Hospital Association

5. EMPLOYER'S ADDRESS 9521 Brookline Ave (Street and No.) Baton Rouge (City) LA (State) 70809 (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 Hospital Association

Address 9521 Brookline Avenue Baton Rouge, LA - 70809

Business or purpose Non profit trade association

Does this person pay you? yes

If No, who pays you? ____

2007 JAN -3 PM 12:07

ETHICS ADMINISTRATION CASE REGISTRATION RECEIVED

Form 500, Rev. 6/99

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

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

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

Form 500, Rev. 5/95