LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

194

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2-15-01

1010668

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 Ardoin (Last) R. (First) Kyle (MI)

2. BUSINESSPHONE 225-382-3413 (Area Code and Phone Number)

3. BUSINESS ADDRESS 320 Somerulos St. (Street and No.) B.R. (City) La. (State) 70802-6129 (Zip)

MAILING ADDRESS P.O. Box 1561 (Street and No.) B.R. (City) La. (State) 70821 (Zip)

4. EMPLOYER PubLink, L.L.C.

5. EMPLOYER'S ADDRESS 20th floor; One American Place (Street and No.) B.R. (City) La. (State) 70825 (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 PubLink, L.L.C.

Address 20th floor; One American Place, B.R. La. 70825

Business or purpose Consulting firm

Does this person pay you? yes

If No, who pays you? N/A

HAND DELIVERED

Form 501 Rev. 8/99

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2. Name Louisiana Physical Therapy Association
   Address 8550 United Plaza Blvd. Suite 1001-A BR LA 70809
   Business or purpose Professional Association of physical therapists
   Does this person pay you? NO
   If No, who pays you? PubLink

3. Name Louisiana State Nurses Association
   Address DEAN TOWER; Suite 720; Florida Blvd. BR LA.
   Business or purpose Professional Association of registered nurses.
   Does this person pay you? NO
   If No, who pays you? PubLink

4. Name Louisiana Society of Oral and Maxillofacial Surgeons
   Address c/o Dr. John B. Ragasa; East Airport Dr. BR LA 70806
   Business or purpose Professional Association of oral surgeons
   Does this person pay you? NO
   If No, who pays you? PubLink

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct t
information, and belief; and that no information required by the Lobbyist Disc
seq.] has been deliberately omitted.

Signature of Lobbyist

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5. Name Louisiana School Food Service Association

Address 320 Somerulos St. Baton Rouge, LA. 70802-6129

Business or purpose Professional Association school food service employees

Does this person pay you? NO

If No, who pays you? Publink, LLC

6. Name Louisiana Counseling Association

Address P.O. Box 4916 Monroe Louisiana 71211
353 Lea St., Shreveport, LA-71105 (c/o Diane Austin)

Business or purpose Professional Association of Counselors

Does this person pay you? NO

If No, who pays you? Publink, L.L.C.

7. Name CARE Coalition

Address c/o Publink, L.L.C. 20th Floor; One American Place, B.R., La. 70825

Business or purpose Health Care Coalition

Does this person pay you? NO

If No, who pays you? Pro Bono Client

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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

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2. Name Louisiana Public Health Association

Address P.O. Box 621 Box # 2 Baton Rouge, La. 70821

Business or purpose Professional Association of public-health employees

Does this person pay you? NO

If No, who pays you? Pro Bono Client

3. Name Prevent Child Abuse Louisiana

Address 725 East Airport Ave. Suite 101 Baton Rouge, La. 70806

Business or purpose Non-profit organization working for the prevention of Child Abuse.

Does this person pay you? NO

If No, who pays you? Pro-Bono Client

4. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

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Signature of Lobbyist

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