LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

(1)
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5 26 04

1010765

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 Haynie, Randy K. (Last, First, MI)

2. BUSINESS PHONE 225-336-4143

3. BUSINESS ADDRESS 1465 Ted Dunham Drive, Baton Rouge, LA 70802 (Street and No., City, State, Zip)

MAILING ADDRESS P.O. Box 44032, Capitol Station, Baton Rouge, LA 70804 (Street and No., City, State, Zip)

4. EMPLOYER Self-Employed

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 N/A

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 Our Lady of Lourdes Regional Medical Center

Address 611 St. Landry Street, Lafayette, LA 70506

Business or purpose Health Care

[X] New Representation
Does this person pay you? Yes

If No, who pays you?

[ ] Terminated Representation as of

Form 601, Rev. 6/99

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SUPPLEMENTAL REGISTRATION FORM

2. Name Tire Recyclers of Louisiana

Address 1332 Front Street, Cottonport, LA 71327

Business or purpose Tire Recycling

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of February 28, 2001

3. Name

Address

Business or purpose

☐ 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. 6/88