LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

061

Lobbyist's Registration Numb

FOR OFFICE USE ONL
Postmark Date: 4-10-01
LSupp
#4032459

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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 Casey (Last) Thomas (First) A. (MI)

2. BUSINESS PHONE (225) 248-2084

3. BUSINESSADDRESS 8555 United Plaza Boulevard 5th Floor, Baton Rouge, LA 70809
Street and No. City State Zip

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

4. EMPLOYER Jones, Walker, Waechter, Poitevent, Carrere & Denegre, L.L.P.

5. EMPLOYER'S ADDRESS 8555 United Plaza Boulevard 5th Floor, Baton Rouge, LA 70809
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ___ No X

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 Orthodontic Centers of America, Inc.

Address Lakeway Center II, Suite 1040, Metairie, LA 70002

Business or purpose Orthodontic Management Services

☒ New Representation
Does this person pay you? NO

If No, who pays you? Jones, Walker, Waechter, Poitevent, Carrere & Denegre, L.L.P.

☐ Terminated Representation as of N/A

Form 501 Rev 6/99

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2. Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☐ Terminated Representation as of _____

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.

Thomas A. Casey
Signature of Lobbyist
Thomas A. Casey

Form 601, Rev. 8/99