LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

230
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date:

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 MOUTON, JR., EDGAR G.
   Last First MI

2. BUSINESS PHONE (337) 234-9955

3. BUSINESSADDRESS 626 SOUTH BUCHANAN STREET, LAFAYETTE, LA 70501
   Street and No. City State Zip

   MAILING ADDRESS POST OFFICE BOX 2670, LAFAYETTE, LA. 70502
   Street and No. City State Zip

4. EMPLOYER SELF EMPLOYED

5. EMPLOYER'S ADDRESS
   Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No____

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 MEDCATH INCORPORATED

      Address 10720 SIKES PLACE, SUITE 300-- CHARLOTTE, NC 28277

      Business or purpose HEALTH CARE/HOSPITALS

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

      If No, who pays you?

      [ ] Terminated Representation as of _____

Form 501, Rev. 6/99

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2. Name LOUISIANA FIRE EQUIPMENT DEALERS ASSOCIATION

Address 318 GLORIA SWITCH ROAD, LAFAYETTE, LA 70501

Business or purpose FIRE EQUIPMENT & VEHICLES

☒ New Representation
Does this person pay you? YES

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.

Signature of Lobbyist

Form 501, Rev. 6/99