LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1360
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/8/02

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1020123

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- 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 Brown (Last) Paul (First) S. (MI)
2. BUSINESS PHONE 225 924 5210
3. BUSINESS ADDRESS 9404 Interline (Street and No.) BR (City) La (State) 70809 (Zip)

   MAILING ADDRESS PO Box 15713 (Street and No.) BR (City) La (State) 70895 (Zip)
4. EMPLOYER BR/Brown Claim Services Inc
5. EMPLOYER'S ADDRESS 9404 Interline Ave (Street and No.) BR (City) La (State) 70809 (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 BR/Brown Claim Services, Inc
      Address 9404 Interline Ave Br, La 708
      Business or purpose Insurance Adjusters

      ☐ New Representation
      Does this person pay you? ___

      If No, who pays you? ___

      ☑ Terminated Representation as of 12/31/01

Form 601, Rev. 7/2001

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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.

Signature of Lobbyist

Form 501, Rev. 7/2001