LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

400

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/11/02

LSUPP

1020155

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 Ramagost (Last) Jimmy (First) J. (MI)

2. BUSINESS PHONE (225) 474-4622

3. BUSINESS ADDRESS P.O. Box 310 (Street and No.) Donaldsonville (City) LA (State) 70346 (Zip)

   MAILING ADDRESS same (Street and No.) (City) (State) (Zip)

4. EMPLOYER Triad Nitrogen, L.L.C.

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

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 Jimmy J. Ramagost

      Address P.O. Box 310 Donaldsonville, LA 70346

      Business or purpose Manufactures anhydrous ammonia and urea

      ☐ New Representation
      Does this person pay you?

      If No, who pays you?

      ☒ Terminated Representation as of

Form S01, 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