LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 1/29/02

L. Supp.

1020372

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 employees 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 Shields (Last) Lloyd (First) N. (MI)

2. BUSINESS PHONE (504) 581-4445

3. BUSINESS ADDRESS 650 Poydras Street, Suite 2400 (Street and No.) New Orleans (City) Louisiana (State) 70130 (Zip)

   MAILING ADDRESS Same as above. (Street and No.) (City) (State) (Zip)

4. EMPLOYER Shields Mott Lund L.L.P.

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 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 Lloyd N. Shields

      Address 650 Poydras Street, Suite 2400, New Orleans, Louisiana 70130

      Business or purpose Law Firm

      ☐ New Representation
      Does this person pay you? N/A

      If No, who pays you?

      ☒ Terminated Representation as of N/A

SUPPLEMENTAL REGISTRATION FORM

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 SPL Rev. 2/2001