LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/31/02
Reg
V# 9170
$110.00 ARS

1020528

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Frost (Last) Gregory (First) D. (MI)

2. BUSINESS PHONE (225) 929-7033 (Area Code and Phone Number)

3. BUSINESS ADDRESS 8440 Jefferson Hwy, Ste 301 (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

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

4. EMPLOYER Broome, Parson, Knox, Frost, Balhoff & McCallister

5. EMPLOYER'S ADDRESS Same as above (Street and No.) (City) (State) (Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name See Attached List

Address

Business or purpose

Does this person pay you?

If No, who pays you?

LOBBYING REGISTRATION FORM

414
Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

3. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

4. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

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

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 500, Rev. 1/2001

LOBBYING LIST FOR GREGORY D. FROST ** Paying Client

**	COLUMBIA/HCA HEALTHCARE CORPORATION 1440 Canal Street, Suite 1901 New Orleans, LA 70112	Healthcare
	HEALTHCARE PROVIDER MANAGEMENT P. O. Box 66776 Baton Rouge, LA 70896	Healthcare
**	LOUISIANA HEALTH INFORMATION MGMT. ASSOC. 2613 Birchwood Drive Monroe, LA 71201	Healthcare
**	HOME CARE ASSOCIATION OF LA 223-A E. Main Street New Iberia, LA 70560	Healthcare
**	LA ASSISTED LIVING ASSOCIATION P.O. Box 66933 Baton Rouge, LA	Healthcare
**	HEALTH ALLIANCE 875 N. Michigan Ave., Suite 2935 Chicago, IL 60611	Healthcare
	ROEDEL, PARSONS, KOCH, FROST, BALHOFF & MCCOLISTER 8440 Jefferson Highway, Suite 301 Baton Rouge, LA 70809	Legal/General