LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/31/07
Reg
V# 76154
$110.00 ARS

1020555

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 Hidalgo (Last) Don (First) P. (MI)

2. BUSINESSPHONE 225-927-0160 (Area Code and Phone Number)

3. BUSINESS ADDRESS 4637 Jamestown Ave. (Street and No.) Baton Rouge (City) LA (State) 70808 (Zip)

MAILING ADDRESS Same As Above (Street and No.) (City) (State) (Zip)

4. EMPLOYER Health Associates, LLC

5. EMPLOYER'S ADDRESS 4637 Jamestown Ave. (Street and No.) Baton Rouge (City) LA (State) 70808 (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 Health Associates, LLC

Address 4637 Jamestown Ave., Baton Rouge, LA 70808

Business or purpose Health Care Management.

Does this person pay you? Yes

If No, who pays you?

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2. Name Independent Medical Appeals, LLC

Address 4637 Jamestown Ave.

Business or purpose Medical/Surgical Review Service

Does this person pay you? Yes

If No, who pays you?

3. Name Health Associates of America

Address 4637 Jamestown Ave.

Business or purpose Managed Behavioral Health Organization

Does this person pay you? Yes

If No, who pays you?

4. Name Louisiana Association of Substance Abuse Counselors & Trainers

Address P.O. Box 80235 Baton Rouge, LA 70898-0235

Business or purpose Trade Organization

Does this person pay you? Yes

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. 7/2004