LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

787
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/31/02
Reg
V#1112
$110.00 PAID
1020556

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 Dupré (Last) Gilbert (First) J. (MI) Jr.

2. BUSINESSPHONE 225-927-2774 (Area Code and Phone Number)

3. BUSINESS ADDRESS 2325 Weymouth Drive, Suite M, (Street and No.) Baton Rouge, (City) LA (State) 70809 (Zip)

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

4. EMPLOYER Diversified Health Strategies

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 Louisiana Managed Healthcare Association

Address 2325 Weymouth Drive, Suite M, Baton Rouge, LA 70809

Business or purpose Trade association for managed care industry.

Does this person pay you? Yes

If No, who pays you?

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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
Gil Dupré
01/30/02

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

Form 500, Rev. 7/2001