LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

932
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/1/02

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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 Sims (Last) Phyllis (First) D. (MI)

2. BUSINESS PHONE 225-389-3717

3. BUSINESS ADDRESS 301 Main St., One American Place, 22nd Floor, Baton Rouge, LA 70825
(Street and No. / City / State / Zip)

MAILING ADDRESS Post Office Box 3513, Baton Rouge LA 70821
(Street and No. / City / State / Zip)

4. EMPLOYER Kean, Miller, Hawthorne, D'Armond, McCowan & Jarman, L.L.P.

5. EMPLOYER'S ADDRESS 301 Main St., One American Place, 22nd Floor, Baton Rouge, LA 70825
(Street and No. / City / State / Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No XX

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 Community Bank of Louisiana

Address P. O. Box 232, Mansfield, LA 71052

Business or purpose Banking

[X] New Representation
Does this person pay you? No

If No, who pays you? Kean, Miller

[ ] Terminated Representation as of ____

Form 501, Rev. 7/2001

HAND DELIVERED

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2. Name Tri-Parish Bank

Address P.O. Box 1029, 301 West Laurel, Eunice, LA 70535

Business or purpose Banking

[X] New Representation
Does this person pay you? No

If No, who pays you? Keen, Miller

[ ] Terminated Representation as of

3. Name Kaplan State Bank

Address 301 N. Cushing Ave., P. O. Box 309, Kaplan, LA 70548

Business or purpose Banking

[X] New Representation
Does this person pay you? No

If No, who pays you? Keen, Miller

[ ] 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