LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

2605
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/9/02

Lrupp

1020864

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 Hunt (Last) Darrell (First) W. (MI)

2. BUSINESS PHONE 225. 336. 4390

3. BUSINESS ADDRESS 2375 Wisteria St., Baton Rouge LA 70806 (Street and No. / City / State / Zip)

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

4. EMPLOYER Self

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 ____ 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 LAMAR Advertising
   Address 5551 Corporate Blvd, Baton Rouge, LA 70808
   Business or purpose representation of corporation
   ☐ New Representation
   Does this person pay you? ____
   If No, who pays you? ____
   ☑ Terminated Representation as of 4/5/02

Form 601, Rev. 7/2001

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name The Sierra Club

Address 4705 Orleans Blvd., Jefferson, LA. 70121

Business or purpose representation of organization

☑ New Representation

Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

3. Name Louisiana Medical Institute

Address 257 Maximilian St., Baton Rouge, LA. 70802

Business or purpose representation of org.

☑ New Representation

Does this person pay you? yes

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.

Darrell W. Hurst 4/09/02

Signature of Lobbyist

Form 551, Rev. 1/2001