LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

001

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/29/03

Ren
✓ 446904
#110

1022163

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 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 Privette (Last) Warren (First) R. (MI)

2. BUSINESSPHONE 318-483-3808 (Area Code and Phone Number)

3. BUSINESS ADDRESS P.O.Box 1110 (Street and No.) Alexandria, La. (City) 71309-1110 (State) (Zip)

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

4. EMPLOYER Roy O.Martin Lumber Co. LLP

5. EMPLOYER'S ADDRESS SAME (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 Roy O.Martin Lumber Co.

Address P.O.Box 1110 Alexandria, La. 71309-1110

Business or purpose Timber and Forest Products Manufacturing

Does this person pay you? YES

If No, who pays you?

Form 500, Rev. 10/2000

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Lobbyist's Registration Number 021

2. Name La.Association of Self-Insured Employers (LASIR)

Address P.O.Box 4151 Baton Rouge, La. 70821-4151

Business or purpose Assoc. Of Employers/Funds self insured for Worker's Comp.

Does this person pay you? NO

If No, who pays you? Employer--Roy O.Martin Lumber Co.

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

Jan. 27, 2003

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

Form 600 Rev. 10/99

1-27-03