LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2003

343
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/3/03

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SCANNED
MAR 11 2003
By: JM

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 Adcock, Sr. (Last) Berschel (First) C. (MI)

2. BUSINESSPHONE 225/766-8859 (Area Code and Phone Number)

3. BUSINESS ADDRESS 10915 Perkins Road, Suite C, Baton Rouge, LA, 70810 (Street and No. / City / State / Zip)

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

4. EMPLOYER Self

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 Consumer Finance Assn.

Address 10915 Perkins Road, Suite C, Baton Rouge, LA 70810

Business or purpose Business association

Does this person pay you? Yes

If No, who pays you?

Form 600, Rev. 10/2002

HAND DELIVERED

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2. Name Louisiana Dealer Services Insurance

Address P.O. Drawer 83480, Baton Rouge, LA, 70884-3480

Business or purpose Insurance services

Does this person pay you? Yes

If No, who pays you?

3. Name USAgencies

Address 8550 United Plaza Blvd., Suite 805, Baton Rouge, LA, 70809

Business or purpose Insurance services

Does this person pay you? Yes

If No, who pays you?

4. Name IJFXO, LLC

Address 8550 United Plaza Blvd., Suite 804, Baton Rouge, LA, 70809

Business or purpose Insurance premium financing

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