LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

7105
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/21/06
LSupp
10 days

Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630
- 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 225/768-7946

3. BUSINESS ADDRESS 5518 Moss Side Lane, Baton Rouge, LA 70808 (Street and No. / City / State / Zip)

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

4. EMPLOYER The Alchemind Group

5. EMPLOYER'S ADDRESS Same (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 You Who Inc.
   Address 2561 City Place Ct., Ste. 750-165, Baton Rouge, LA 70808
   Business or purpose Representation of children's issues
   ☑ New Representation
   Does this person pay you? yes
   If No, who pays you?
   ☐ Terminated Representation as of

HAND DELIVERED

Form 501, Rev. 6/09

SUPPLEMENTAL REGISTRATION FORM

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2. Name Friends of City Park
   Address 1 Palm Drive, New Orleans, LA. 70124
   Business or purpose Representation of group

   [x] New Representation
   Does this person pay you? yes

   If No, who pays you?

   [ ] Terminated Representation as of

3. Name

   Address

   Business or purpose

   [ ] New Representation
   Does this person pay you?

   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.

Pierce M. Hunt
Signature of Lobbyist

Form 501, Rev. 6/99