LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

623
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5/13/03
LSUPP
102263

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 Welch (Last) Linda (First) K (MI)

2. BUSINESS PHONE (225) 389-9429

3. BUSINESS ADDRESS 739 S. Acadian Thruway (Street and No.), Baton Rouge (City), La. (State) 70806 (Zip)

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

4. EMPLOYER HealthCare Solutions, LLC

5. EMPLOYER'S ADDRESS 739 S. Acadian Thruway (Street and No.), Baton Rouge (City), La. (State) 70806 (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 La. Association of Rehabilitation Suppliers

Address 739 S. Acadian Thruway, Baton Rouge, La. 70806

Business or purpose MAKERS OF CUSTOMIZED MEDICAL EQUIPMENT

☑ New Representation
Does this person pay you? No

If No, who pays you? HealthCare Solutions LLC

☐ Terminated Representation as of _____

Form 501, Rev. 7/2001

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2. Name Brentwood Hospital

Address 1006 Highland Ave., Shreveport, La. 71101

Business or purpose Behavioral Health Co.

☑ New Representation
Does this person pay you? No

If No, who pays you? Health Care Solutions, LLC

☐ 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.

Linda Nolen
Signature of Lobbyist

Form 501, Rev. 7/2001