LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number: 7605

FOR OFFICE USE ONLY
Postmark Date: 5/14/03
LSupp
1022674

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 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 768-7446

3. BUSINESS ADDRESS 5518 Mississippi Ln. (Street and No.) Baton Rouge (City) LA (State) 70808 (Zip)

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

4. EMPLOYER The Melwood Group

5. EMPLOYER'S ADDRESS 5518 Mississippi Ln. (Street and No.) Baton Rouge (City) LA (State) 70808 (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 Louisiana Casino Cruises Inc.
Address 1751 River Road Baton Rouge, LA 70801
Business or purpose Representation of the Company's Interests

☑ New Representation
Does this person pay you? Yes

If No, who pays you? ____

☐ Terminated Representation as of ____

Form 601, Rev. 10/2002

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name: Louisiana Property Owners Rights Assn.
Address: P.O. Box 1159 Gonzales, LA 70707
Business or purpose: Protection of property owner rights

☑ 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.

Signature of Lobbyist

Form 601, Rev. 10/2002