LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number: 2465

FOR OFFICE USE ONLY
Postmark Date: 6/13/02
LSUPP
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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 Moss Side Ln. (Street and No.) Baton Rouge (City) LA (State) 70808 (Zip)

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

4. EMPLOYER The Alchemind Group

5. EMPLOYER'S ADDRESS 5518 Moss Side 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 Frank Blackburn & Associates
   Address 5937 Jones Creek Rd. B.R., LA. 70817
   Business or purpose professional services - work on lobbying related to senate bills 424, 477, 481
   ☑ New Representation
   Does this person pay you? Yes
   If No, who pays you?
   ☐ Terminated Representation as of

Form 501, Rev. 10/2000

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

Lobbyist Registration Number

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

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.

D(w) Hunt
Signature of Lobbyist

Form 401, Rev. 10/2002