LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/2/03

Ren
✓# 25571
$110 tl
1023300

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 Cossé (Last) Clark (First) R. (MI)

2. BUSINESS PHONE (225) 928-0026 (Area Code and Phone Number)

3. BUSINESS ADDRESS 9521 Brookline Avenue (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS 9521 Brookline Avenue (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

4. EMPLOYER Louisiana Hospital Association

5. EMPLOYER'S ADDRESS 9521 Brookline Avenue (Street and No.) Baton Rouge (City) LA (State) 70809 (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 Hospital Association

Address 9521 Brookline Avenue Baton Rouge LA 70809

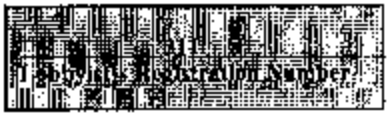
Business or purpose Advocate for improvement of healthcare and to protect the resources of member hospitals

Does this person pay you? Yes

If No, who pays you?

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM



2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

3. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

4. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   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

Form 500, Rev. 10/2002