LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/28/04
SUPP

1040005

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 Pilley (Last) J. (First) Christopher (MI)

2. BUSINESS PHONE (225) 389-9429

3. BUSINESS ADDRESS 729 S. Acadian Thruway, Baton Rouge, La. 70806
Street and No. City State Zip

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

4. EMPLOYER Health Care Solutions, LLC

5. EMPLOYER'S ADDRESS 729 S. Acadian Thruway Baton Rouge, La. 70806
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 Brentwood Hospital

Address 1006 Highland Ave., Shreveport, La. 71101

Business or purpose Psychiatric Hospital

☐ New Representation
Does this person pay you?____

If No, who pays you?____

☒ Terminated Representation as of January 20, 2004

HAND DELIVERED

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

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.

J. Christopher Pulley
Signature of Lobbyist

Form 501, Rev. 10/2002