LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

145

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/30/04
REN
V# 19099
$110
PAS

1040147

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 DuCote, Mary M.
   Last First MI

2. BUSINESS PHONE 225-763-8500
   Area Code and Phone Number

3. BUSINESS ADDRESS 6767 Perkins Road, #100, Baton Rouge, LA 70808
   Street and No. City State Zip

   MAILING ADDRESS 6767 Perkins Road, #100, Baton Rouge, LA 70808
   Street and No. City State Zip

4. EMPLOYER Louisiana State Medical Society

5. EMPLOYER'S ADDRESS 6767 Perkins Road, #100, Baton Rouge, LA 70808
   Street and No. City State 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 State Medical Society

      Address 6767 Perkins Road, #100, Baton Rouge, LA 70808

      Business or purpose trade association for physicians

      Does this person pay you? yes

      If No, who pays you? _____

Form 500, Rev 10/2003

HAND DELIVERED

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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.

Mary M Dulate
Signature of Lobbyist

Form 600, Rev. 10/2002