4-16-04

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

021
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 04/19/04

SUPP

1040657

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 Privette (Last) Warren (First) R (MI)

2. BUSINESS PHONE 318-451-3655

3. BUSINESS ADDRESS 3189 Memorial Dr. (Street and No.) Alexandria (City) La. (State) ~~71305~~ 71301 (Zip)

MAILING ADDRESS P.O. Box 5001 (Street and No.) Alexandria (City) La. (State) 71307 (Zip)

4. EMPLOYER Roy O. Martin Lumber Co. LLC

5. EMPLOYER'S ADDRESS P.O. Box 1110 (Street and No.) Alexandria (City) La. (State) 71301 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No X

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 Privette and Associates LLC
   Address P.O. Box 5001 Alexandria La. 71307
   Business or purpose Human Resource and Governmental Consulting

   ☒ New Representation
   Does this person pay you? Yes

   If No, who pays you?_____

   ☐ Terminated Representation as of _____

Form 601, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

021
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Attention: Theresa Bodie, President

2. Name La. Society For Human Resource Management
Address 4801 Viking Dr. Bossier City, LA. 71111
Business or purpose Non Profit Association of Personnel & H.R. Managers

☒ 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

4-16-04

Form 501, Rev. 10/2002