LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

2-00
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: ~~08/10/04~~
TERM 08/10/04

AMENDMENT

104106

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 Babin (Last) Barbara (First) B. (MI)

2. BUSINESS PHONE 225/353-8232

3. BUSINESS ADDRESS 21255 LA Hwy. 1 (Street and No.) Plaquemine (City) LA (State) 70764 (Zip)

MAILING ADDRESS P O Box 150 (Street and No.) Plaquemine (City) LA (State) 70765-0150 (Zip)

4. EMPLOYER The Dow Chemical Company

5. EMPLOYER'S ADDRESS P.O. Box 150 (Street and No.) Plaquemine (City) LA (State) 70765-0150 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 Barbara B. Babin The Dow Chemical Company
Address P.O. Box 150, Plaquemine, LA 70765-0150
Business or purpose Manufacturing

☐ New Representation
Does this person pay you? ____
If No, who pays you? ____

☒ Terminated Representation as of July 31, 2004

2004 AUG 17 PM 1:04
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Form 801 Rev 10/2000

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

200
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 08/10/04
TERM

1041067

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 Babin (Last) Barbara (First) B. (MI)

2. BUSINESS PHONE 225/353-8232

3. BUSINESS ADDRESS 21255 LA Hwy. 1 (Street and No.) Plaquemine (City), LA (State) 70764 (Zip)

MAILING ADDRESS P O Box 150 (Street and No.) Plaquemine (City) LA (State) 70765-0150 (Zip)

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5. EMPLOYER'S ADDRESS P.O. Box 150 (Street and No.) Plaquemine (City) LA (State) 70765-0150 (Zip)

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1. Name Barbara B. Babin

Address P.O. Box 150, Plaquemine, LA 70765-0150

Business or purpose Manufacturing

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☒ Terminated Representation as of July 31, 2004

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

200
Lobbyist's 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.

Barbara B. Baskin
Signature of Lobbyist

Form 601, Rev. 10/2002

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM

200
Lobbyist's 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.

Barbara B. Baker
Signature of Lobbyist

Form 001, Rev. 10/2002