LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

FOR OFFICE USE ONLY
Postmark Date: 12/01/04
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$110.00 WT
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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 Crochet, (Last) Anne (First) J. (MI)

2. BUSINESSPHONE (225) 387-3221 (Area Code and Phone Number)

3. BUSINESS ADDRESS 451 Florida Street, 8th Floor, Bank One Center, Baton Rouge, LA 70801 (Street and No. / City / State / Zip)

MAILING ADDRESS P.O. Box 2471 (Street and No.) Baton Rouge (City) LA (State) 70821 (Zip)

4. EMPLOYER Taylor, Porter, Brooks & Phillips, L.L.P.

5. EMPLOYER'S ADDRESS 451 Florida Street, 8th Floor, Bank One Center, Baton Rouge, LA 70801 (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 Waste Management of Louisiana, L.L.C.

   Address 29385 Woodside Drive, Walker, LA 70785

   Business or purpose Collection, transportation, treatment and disposal of wastes.

   Does this person pay you? Yes

   If No, who pays you?

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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Form 506, Rev. 10/2002

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2. Name Chemical Waste Management, Inc.

   Address 7170 John Brannon Road, Sulphur, LA 70663

   Business or purpose Collection, transportation, treatment and disposal of wastes.

   Does this person pay you? Yes

   If No, who pays you? _____

3. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

4. Name _____

   Address _____

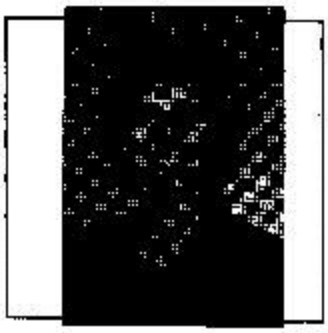
   Business or purpose _____

   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.

Anne F. Rivolet

Signature of Lobbyist