LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/31/05
Ren. 2005
J#0200189
$110.00 WR

1050224

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

2. BUSINESSPHONE 318-483-3808 (Area Code and Phone Number)

3. BUSINESS ADDRESS 2189 Memorial Dr. (Street and No.) Alexandria (City) LA. (State) 71301 (Zip)

MAILING ADDRESS P.O. Box 1110 (Street and No.) Alexandria (City) LA. (State) 71301 (Zip)

4. EMPLOYER Roy O. Martin Lumber Co. LLC

5. EMPLOYER'S ADDRESS Same (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 Roy O. Martin Lumber Co. LLC

Address Above - Same

Business or purpose Timber - Forest Products Mfg.

Does this person pay you? Yes

If No, who pays you?

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2. Name Privette & Associates LLC

   Address P.O. Box 5001

   Business or purpose Lobbying - Governmental Relations

   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.

Warren L. Privette

Signature of Lobbyist

LOBBYING REGISTRATION FORM

[redacted]

2. Name Privette & Associates LLC

   Address P.O. Box 5001

   Business or purpose Lobbying - Governmental Relations

   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? _____

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Warren L. Privette Sr.

Signature of Lobbyist