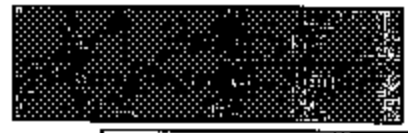
LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.



FOR OFFICE USE ONLY
Postmark Date: 03/18/05
Reg. 2005
V# 8603
$110.00 WR

1050557

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 Stolier (Last) Jack (First) M (MI)

2. BUSINESS PHONE 504 561/1044 (Area Code and Phone Number)

3. BUSINESS ADDRESS 909 Poydras Street, Suite 2600, New Orleans, LA 70112 (Street and No. / City / State / Zip)

MAILING ADDRESS Same as above (Street and No. / City / State / Zip)

4. EMPLOYER Sullivan, Stolier & Resor, APLC

5. EMPLOYER'S ADDRESS 909 Poydras Street, Suite 2600, New Orleans, LA 70112 (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 Rural Hospital Coalition, Inc.

Address 729 S. Acadian Thruway, Baton Rouge, LA 70806

Business or purpose Association for small rural hospitals

Does this person pay you? No

If No, who pays you? Company contract with Rural Hospital Coalition, Inc.
(Company name - Sullivan, Stolier & Resor, APLC)

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ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

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.

_____
Signature of Lobbyist

Form 508, Rev. 10/2002