LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 11/22/05
LSUPP

Amendment(s) Attached

1051321

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 Canuteson (Last) Elizabeth (First) A. (MI)

2. BUSINESS PHONE 913-315-9297

3. BUSINESS ADDRESS 6450 Sprint Parkway (Street and No.) KSOPHN0212-2A450 (City) (State) (Zip)

MAILING ADDRESS Overland Park (Street and No.) KS (City) 66251 (State) (Zip)

4. EMPLOYER Sprint

5. EMPLOYER'S ADDRESS same (Street and No.) (City) (State) (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes_____ 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 Sprint
   Address same as above
   Business or purpose telecommunications
   ☐ New Representation
   Does this person pay you?_____
   If No, who pays you?_____
   ☒ Terminated Representation as of Oct-24, 2005

Form 501, Rev. 10/2003

2005 NOV 23 AM 10:36

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

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AMENDMENT

FOR OFFICE USE ONLY
Postmark Date: 12/09/05
LSUPP
SCANNED
DEC 15 2005
By: WK
1051321

1. NAME Canuteson (Last) Elizabeth (First) A. (MI)
2. BUSINESS PHONE 913-315-9297
3. BUSINESS ADDRESS 10450 Sprint Parkway (Street and No.) KSOPHN0212-2A450 (City, State, Zip)
   MAILING ADDRESS Overland Park (Street and No.) KS (City) 66251 (State, Zip)
4. EMPLOYER Sprint
5. EMPLOYER'S ADDRESS same (Street and No.) (City) (State) (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 Sprint
      Address same as above.
      Business or purpose telecommunications
      ☐ New Representation
      Does this person pay you? ____
      If No, who pays you? ____
      ☒ Terminated Representation as of Oct-24, 2005

Form 301, Rev. 102502

2005 DEC 12 PM 2:20
2005 NOV 23 PM 8:36

SUPPLEMENTAL REGISTRATION FORM

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.

Elizabeth A Cenitelson
Signature of Lobbyist

Form 501, Rev. [illegible]

SUPPLEMENTAL REGISTRATION FORM

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.

Elizabeth A Carnitson
Signature of Lobbyist

Form 81, Rev. 10/2002