LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 11/23/05
LSUPP

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 Cooper Christopher P.
   Last First MI

2. BUSINESS PHONE 225 - 336 - 5200

3. BUSINESS ADDRESS 225 - 336 - 5220
   Street and No. City State Zip

   MAILING ADDRESS 450 Laurel St., Ste 1900, Baton Rouge, LA 7080
   Street and No. City State Zip

4. EMPLOYER Adams and Reese, LLP

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 MA - Com, INC.
      Address 221 Jefferson Ridge Pkwy.
      Business or purpose Lynchburg, VA 24501

      ☐ New Representation
      Does this person pay you? N

      If No, who pays you? Adams and Reese, LLP

      ☐ Terminated Representation as of _____

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SUPPLEMENTAL REGISTRATION FORM

2. Name: American Water

Address: 727 Craig Road

Business or purpose: St. Louis, MO 63141

☐ New Representation

Does this person pay you? N

If No, who pays you? Adams and Reese, LLP.

☐ 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.

Signature of Lobbyist

Form 501, Rev. 10/2002