LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

3713
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/16/05
LSUPP

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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 Hood, Jr. (Last) F. (First) Malcolm (MI)

2. BUSINESS PHONE 225-344-8036

3. BUSINESS ADDRESS 301 Main St., Ste 1170 (Street and No.) Baton Rouge (City) LA (State) 70825 (Zip)

MAILING ADDRESS Same (Street and No.) ____ (City) ____ (State) ____ (Zip)

4. EMPLOYER F.M. Hood & Associates

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

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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 Calpine Central LLP
Address 717 Texas Avenue, Ste 1000 Houston TX 77002
Business or purpose Construct and operate power generation plants and sell electric power.

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 9/1/05

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

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2. Name US Borax / Rio Tinto Borax

Address 26877 Tourney Road Valencia, CA 91355-1847

Business or purpose treated wood

☑ New Representation
Does this person pay you? yes

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.

Signature of Lobbyist

Form 501, Rev. 10/2002