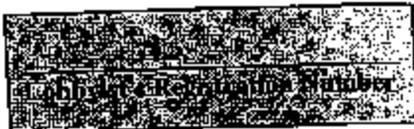


# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.



FOR OFFICE USE ONLY

Postmark Date: 12/29/05

Ren. 2006

# 7394

#110.00058

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2005 DEC 30 PM 12:40

REGISTRATION DIVISION RECEIVED

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> 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 Hidalgo Don P.  
Last First MI

2. BUSINESSPHONE 225-927-0160  
Area Code and Phone Number

3. BUSINESS ADDRESS 4637 Jamestown Ave. Baton Rouge, LA 70808  
Street and No. City State Zip

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

4. EMPLOYER Health Associates, LLC

5. EMPLOYER'S ADDRESS 4637 Jamestown Ave. Baton Rouge, LA 70808  
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 Louisiana Association of Substance Abuse Counselors (LASACT) ✓

Address P.O. Box 80235, Baton Rouge, LA 70898

Business or purpose Professional Trade Organization

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

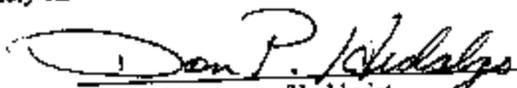
# LOBBYING REGISTRATION FORM



2. Name Louisiana Association of Methadone Providers ✓  
Address 141 Woodland Dr., LaPlace, LA 70068  
Business or purpose Professional Trade Organization  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_
3. Name Louisiana Association of Compulsive Gamblers ✓  
Address 2000 Fairfield Ave., Shreveport, LA 71104  
Business or purpose Professional Trade Organization  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_
4. Name Health Associates, LLC ✓  
Address 4637 Jamestown Ave., Baton Rouge, LA 70808  
Business or purpose Healthcare Management Consultants  
Does this person pay you? Yes  
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

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE

# LOBBYING REGISTRATION FORM



2. Name Hidalgo Health Associates ✓

Address 4637 Jamestown Ave., Baton Rouge, LA 70808

Business or purpose Employee Assistance Consultants

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

3. Name Health Associates of America ✓

Address 4637 Jamestown Ave., Baton Rouge, LA 70808

Business or purpose Licensed Utilization Review Company

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

4. Name Independent Medical Appeals, LLC ✓

Address 4637 Jamestown Ave., Baton Rouge, LA 70808

Business or purpose Licensed Specialty Medical Appeal

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

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Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE

# LOBBYING REGISTRATION FORM



2. Name Louisiana Association of Certified Employee Assistance Professionals (CEAP)

Address 4637 Jamestown Ave., Baton Rouge, LA 70808

Business or purpose Professional Trade Organization

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 \_\_\_\_\_

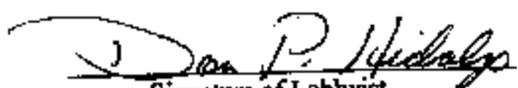
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

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Signature of Lobbyist

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