LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1152
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/26/2010
Ren. 2010
V# 4811
$110.00 WS

1060284

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 Patin (Last) Gerald (First) _____ (MI)

2. BUSINESS PHONE 337-643-2910 (Area Code and Phone Number)

3. BUSINESS ADDRESS 19337 Russ Rd. (Street and No.) Abbeville (City) LA (State) 70510 (Zip)

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

4. EMPLOYER Hammy, LLC

5. EMPLOYER'S ADDRESS 19337 Russ Rd. (Street and No.) Abbeville (City) LA (State) 70510 (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 Health Care Resources

   Address 113 Representative Row, Lafayette, LA 70508

   Business or purpose Hospital Management Consulting

   Does this person pay you? Yes

   If No, who pays you? _____

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2. Name D.B. Sysgraph, Inc.

Address 2901 Division St., Metairie, LA 70002

Business or purpose Integrated Engineering Software

Does this person pay you? yes

If No, who pays you?

3. Name Healthcare Revenue Recovery, LLC

Address P.O. Box 80622, Lafayette, LA 70598

Business or purpose Health care management

Does this person pay you? yes

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

ATTACH 2" x 2" PHOTOGRAPH HERE FOR INITIAL REGISTRATION ONLY

Form 500, Rev. 10/2002