LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

LOB 414
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/31/06
Ren. 2006
V# 011403
$110.00 US

1060324

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 FROST (Last) Gregory (First) D (MI)

2. BUSINESS PHONE (225) 336-5200 (Area Code and Phone Number)

3. BUSINESS ADDRESS 450 Laurel St, Ste 1900, Baton Rouge, LA 70801 (Street and No. / City / State / Zip)

MAILING ADDRESS SAME (Street and No. / City / State / Zip)

4. EMPLOYER Adams and Reese LLP

5. EMPLOYER'S ADDRESS SAME (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 also pays you to lobby.

1. Name Adams & Reese, LLP

Address 450 Laurel Street, STE 1900

Business or purpose law firm

Does this person pay you? YES

If No, who pays you?

Form 300, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

LOB414
Lobbyist Registration Number

2. Name HEALTHCARE Provider Mgmt.

Address 251 Florida Blvd., Baton Rouge, LA 70801

Business or purpose healthcare

Does this person pay you? No

If No, who pays you? Adams and Reese LLP

3. Name LA. HEALTH INFORMATION Mgmt.

Address 2613 Birchwood Drive Monroe LA 71201

Business or purpose healthcare

Does this person pay you? N

If No, who pays you? Adams and Reese LLP

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 000, Rev. 10/2002