LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 03/23/06
LSUPP

1060821

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 Privette (Last) Warren (First) R. (MI) Sr.

2. BUSINESS PHONE 318-451-3655

3. BUSINESS ADDRESS _____ (Street and No.) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS P.O.Box 5001 (Street and No.) Alexandria, (City) La. 71307 (State) (Zip)

4. EMPLOYER Privette & Associates LLC

5. EMPLOYER'S ADDRESS P.O. Box 5001 (Street and No.) Alexandria, (City) La. 71307 (State) (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No XX

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 La.Society for Human Resource Management (LASHRM)

Address C/O Jerry Stovall, Breazeale, Sachse & Wilson LLP, P.O.Box 3197, B.R. La 70821

Business or purpose Society of Professional Personnel and ~~Human Resource~~ Managers

[X] New Representation
Does this person pay you? Yes

If No, who pays you? _____

[ ] Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

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.

Warren L. Riviere Sr
Signature of Lobbyist

March 23, 2006

Form 501, Rev. 10/2002