LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

FOR OFFICE USE ONLY
Postmark Date: 04/06/06
Reg. 2006
J# 5859
$110.00 WR

1000832

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 1st 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 Lemming (Last) Michelle (First) _____ (MI)

2. BUSINESS PHONE (225) 389-9429 (Area Code and Phone Number)

3. BUSINESS ADDRESS 729 S. Acadian Thruway (Street and No.), Baton Rouge (City), La. (State) 70806 (Zip)

MAILING ADDRESS SAME AS above (Street and No.) _____ (City) _____ (State) _____ (Zip)

4. EMPLOYER HealthCare Solutions, LLC

5. EMPLOYER'S ADDRESS 729 S. Acadian Thruway (Street and No.), Baton Rouge (City), La. (State) 70806 (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 Rural Hospital Coalition

Address 729 S. Acadian Thruway, Baton Rouge, La. 70806

Business or purpose Promotes interests of Louisiana's rural hospitals

Does this person pay you? NO

If No, who pays you? HealthCare Solutions, LLC

Form 500, Rev. 10/2002

HAND DELIVERED

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2. Name CARSA

Address 729 S. Acadian Thruway, Baton Rouge, LA. 70806

Business or purpose Promotes interests of providers of care to persons with Developmental Disabilities

Does this person pay you? No

If No, who pays you? HealthCare Solutions, LLC

3. Name Pecan Grove Training Center

Address P.O. Box 12957, Alexandria, LA. 71315-2957

Business or purpose Provides care to persons with developmental disabilities

Does this person pay you? NO

If No, who pays you? HealthCare Solutions, LLC

4. Name Delhi Guest Home Inc.

Address P.O. Box 1751, Tallulah, LA. 71284-1751

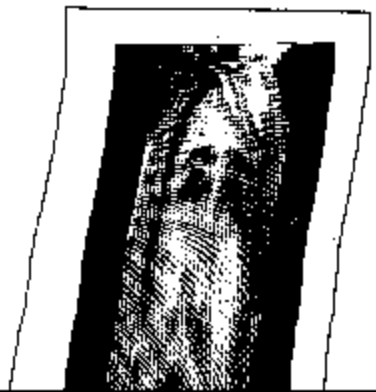
Business or purpose Provides care to persons with developmental disabilities

Does this person pay you? NO

If No, who pays you? HealthCare Solutions, LLC

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.

Michelle Henning

Signature of Lobbyist