LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

9155
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 04/06/06
LSUPP
1060332

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 Pierson (Last) Kay (First) S (MI)

2. BUSINESS PHONE 225-246-8307

3. BUSINESS ADDRESS 10716 Royal Ridge Ave. (Street and No.) Baton Rouge (City) (State) 70810 (Zip)

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

4. EMPLOYER BROWN BUILDERS INC

5. EMPLOYER'S ADDRESS 1619 Jimmie Davis Hwy. (Street and No.) Bossier City (City) LA (State) 71112 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No ✓

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 BOOMTOWN CASINO & HOTEL
   Address 300 RIVERSIDE DR. BOSSIER CITY, LA 71111
   Business or purpose CASINO

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 4-3-06

Form 501, Rev. 10/2002

Lobbyist's Registration Number 265

SUPPLEMENTAL REGISTRATION FORM

2. Name BROWN BUILDERS INC

Address 1619 JIMMIE DAVIS HWY, BOSSIER CITY, LA 71112

Business or purpose COMMERCIAL CONSTRUCTION

☑ New Representation
Does this person pay you? YES

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.

Signature of Lobbyist

Form 601, Rev. 10/2002