LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 04/19/00
LSUPP

1000820

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 McKearn (Last) Kristy (First) G. (MI)

2. BUSINESS PHONE 225-381-7028

3. BUSINESS ADDRESS 301 N. Main St. (Street and No.) Suite 830 (City) B.R. (State) LA (Zip) 70825

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

4. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz

5. EMPLOYER'S ADDRESS Same (Street and No.) (City) (State) (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 Fresenius Medical Care
   Address 95 Hayden Drive Lexington, MA 02420
   Business or purpose Medical Care and Products

   ☑ New Representation
   Does this person pay you? Yes

   If No, who pays you? ___

   ☐ Terminated Representation as of ___

Form 501, Rev. 10/2000

SUPPLEMENTAL REGISTRATION FORM

2. Name First American Title Insurance Company

Address 2075 Centre Pointe Blvd Tallahassee, FL 32308

Business or purpose Insurance

☑ 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 501, Rev. 10/2002