LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 07/11/06
USPP 7/25/06
Amendment
1000391

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 Pierre' (Last) Markey (First) W. (MI)

2. BUSINESS PHONE 318-675-0116

3. BUSINESS ADDRESS 401 Market St. (Street and No.) Shreveport (City) LA. (State) 71115 (Zip)

MAILING ADDRESS Suite 550 (Street and No.) (City) (State) (Zip)

4. EMPLOYER Southern Strategy Group of N-LA

5. EMPLOYER'S ADDRESS 401 Market St. Suite 550 (Street and No.) Shreveport (City) LA. (State) 71115 (Zip)

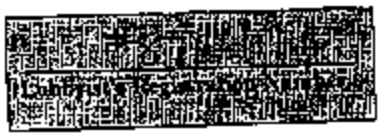
6. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No ____

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 Resource Foundation, Inc
Address 11224 Boardwalk Dr. Suite A1 Baton Rouge, LA 70816
Business or purpose Housing and Lending Company
☑ New Representation
Does this person pay you? yes
If No, who pays you? ____

☐ Terminated Representation as of ____

Form 501, Rev. 10/2002



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.

Signature of Lobbyist

Form 001, Rev. 10/2002