LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1178
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 08/15/06
TERM
10613 73

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 Mosely (Last) Katherine (First) B (MI)

2. BUSINESS PHONE 225-931-4284

3. BUSINESS ADDRESS 1369 Stuart Ave. (Street and No.) B.R. (City) La (State) 70808 (Zip)

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

4. EMPLOYER Metropolitan Hospital Council of New Orleans

5. EMPLOYER'S ADDRESS 2450 Severn Ave Suite 210 (Street and No.) Metairie (City) La (State) 70001 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 Metropolitan Hospital Council of New Orleans
Address 2450 Severn Ave Suite 210 Metairie, La 70001
Business or purpose Hospital Representation

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☒ Terminated Representation as of 8/15/06

Form 001, Rev. 8/2002

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name ____

Address ____