LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 9/27/06
LSUPP 9/06

1061537

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 Patterson (Last) Dickie (First) Wayne (MI)

2. BUSINESS PHONE 225-381-7009

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

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 River Road Films L.L.C.
Address 424 LSU Avenue Baton Rouge, LA 70125
Business or purpose Film Industry

☑ New Representation
Does this person pay you? yes

If No, who pays you?_____

☐ Terminated Representation as of _____

Form 801, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name Baton Rouge Area Chamber
   Address 564 Laurel St. Baton Rouge, LA 70821
   Business or purpose Chamber of Commerce

   ☐ New Representation
   Does this person pay you?____

   If No, who pays you?_____

   ☑ Terminated Representation as of 9/22/06

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