LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1225
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/06/06
REN-07
CK#19675
$110.00
PAS

SCANNED
JAN 10 2007
By: JP

1061592

2006 DEC -7 PM 1:08
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Instructions

- Print in ink or type.
- Complete form and return with **$110** registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Stolier (Last) Jack (First) M (MI)

2. BUSINESS PHONE (504) 561-1044 (Area Code and Phone Number)

3. BUSINESS ADDRESS 909 Poydras Street, Suite 2600, New Orleans, LA 70112 (Street and No. / City / State / Zip)

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

4. EMPLOYER Sullivan, Stolier & Resor, APLC

5. EMPLOYER'S ADDRESS 909 Poydras Street, Suite 2600, New Orleans, LA 70112 (Street and No. / City / State / Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name Rural Hospital Coalition, Inc.

Address 729 S. Acadian Thruway, Baton Rouge, LA 70806

Business or purpose Association of small rural hospitals

Does this person pay you? no

If No, who pays you? Company contract with Rural Hospital Coalition, Inc.
(Company Name - Sullivan, Stolier & Resor, APLC)

LOBBYING REGISTRATION FORM

1245
Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

3. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

4. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

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

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Photo already on file

Form 500, Rev. 10/2009