LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

LOB882
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12-8-06
Ren 2007
√ #00156053
$110.00
w/mi

1061604

ENTERED

DEC 07 2006

By: _____

Instructions

- Print in ink or type. $110
- Complete form and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017,(225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

8900-29-128-0000 ✓

1. NAME Taylor Harold
Last First MI

2. BUSINESS PHONE 337-233-1307
Area Code and Phone Number

3. BUSINESS ADDRESS 420 West Pinhook Rd Ste A
Street and No.
Lafayette LA 70503
City State Zip

MAILING ADDRESS 252 Purple Dawn Dr.
Street and No.
Sunset LA 70584-6400
City State Zip

4. EMPLOYER LHC Group

5. EMPLOYER'S ADDRESS 420 West Pinhook Rd Ste A
Street and No.
Lafayette LA 70503
City State Zip

2006 DEC 11 PM 1:45
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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.

Harold L Taylor
Signature of Lobbyist

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

New Representatives

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 and; (d) whether or not the client or someone else pays you to lobby.

Name UHC Group

Address 420 West Pinhook Rd Ste A Lafayette LA 70503

Business or purpose Health Care Services

Does this person pay you ? Y

If No, who pays you ?