LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1309
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/29/07
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CK # 6215
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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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 Millet (Last) Beth (First) ____ (MI)

2. BUSINESS PHONE 225-389-9429 (Area Code and Phone Number)

3. BUSINESS ADDRESS 729 S. Acadian Thruway (Street and No.), B.R. (City), La. (State) 70806 (Zip)

MAILING ADDRESS SAME AS ABOVE (Street and No.) ____ (City) ____ (State) ____ (Zip)

4. EMPLOYER HealthCare Solutions, LLC

5. EMPLOYER'S ADDRESS 729 S. Acadian Thruway (Street and No.), B.R. (City), La. (State) 70806 (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

Address 729 S. Acadian Thruway, B.R., La. 70806

Business or purpose TRADE ASSOCIATION for rural hospitals

Does this person pay you? NO

If No, who pays you? HealthCare Solutions, LLC

Form 990, Rev. 10/2002

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LOBBYING REGISTRATION FORM

1801
Lobbyist's Registration Number

2. Name CARSA

Address 729 S. Acadian Thruway, B.R., LA. 70806

Business or purpose Providers of services to persons with disabilities

Does this person pay you? NO

If No, who pays you? HealthCare Solutions, LLC

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

Form 500, Rev. 10/2002