

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

114
Lobbyist's Registration Number

Instructions

1. Print in ink or type.
 2. 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.
 3. 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.

FOR OFFICE USE ONLY

Postmark Date: 3-17-07LSU, PP
Wm

070003

SCANNED

MAY 29 2007

By: (Signature)1. NAME Bascle Arwin P.
Last First MI2. BUSINESS PHONE 504-864-02803. BUSINESS ADDRESS 2503 PINE STREET NEW ORLEANS, LA 70125
Street and No. City State ZipMAILING ADDRESS SAME AS ABOVE
Street and No. City State Zip4. EMPLOYER ARWIN P. BASCLE, LLC5. EMPLOYER'S ADDRESS 2503 PINE STREET, NEW ORLEANS, LA 70125
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 OMEGA PROTEIN, INC.
 Address 251 FLORIDA STREET, SUITE 407, BATON ROUGE, LA 70801
 Business or purpose MARINE HARVESTING, MARINE MANUFACTURING, PROCESSING, AND MARKETING
- New Representation
 Does this person pay you? YES
 If No, who pays you? _____
- Terminated Representation as of _____

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LETTERS OF REGISTRATION
CANCELLATION FINANCE
RECEIVED

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✓ Name CRESCENT ORLEANS TICKETS, INC
Address 7413 SPRUCE STREET, NEW ORLEANS, LA 70801
Business or purpose SALES
 New Representation
Does this person pay you? YES
If No, who pays you? _____
 Terminated Representation as of _____

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.

Ann R. Osale
Signature of Lobbyist