LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

890

Registration Number

FOR OFFICE USE ONLY
Postmark Date: 3-16-07
LSUPP
WMI
1070060

SCANNED
MAY 29 2007
By:

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) W (MI)

2. BUSINESS PHONE 225-381-7009

3. BUSINESS ADDRESS 301 N. Main St, Suite 810 (Street and No.) B.R. (City) LA (State) 70825 (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 Franciscan Missionaries of Our Lady (FMOL)
Address 4200 Essen Lane Baton Rouge, LA 70809
Business or purpose Healthcare

☑ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

✓

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name HealthPathways, Inc

Address 12800 Middlebrook Road, Suite 210 Germantown, MD 20874

Business or purpose HealthCare

☑ 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.

Signature of Lobbyist

Form 501, Rev. 10/2002