LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

871
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5/7/07
LSUPP

SCANNED
MAY 09 2007
By: JM

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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 Pierre (Last) Markey (First) W. (MI)

2. BUSINESS PHONE 318-675-0116

3. BUSINESS ADDRESS 401 Market St., Ste 550, Shreveport LA 71101
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER Southern Strategy Group - NLA

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 Broadway South, LLC
Address 201 St. Charles Ave, New Orleans LA 70170
Business or purpose arts and entertainment

☑ New Representation
Does this person pay you? Yes

If No, who pays you?

☐ Terminated Representation as of _____

Form 501, Rev. 10/2007

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2. Name LA Association of Compulsive Gambling
Address 324 Texas st., Shreveport LA 71101
Business or purpose treatment facility

☑ New Representation
Does this person pay you? Yes

If No, who pays you?

☐ Terminated Representation as of

3. Name Petrosun Independence Bowl
Address 401 Market St, Ste 120
Business or purpose Sports organization

☑ New Representation
Does this person pay you? Yes

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 60', Rev. 10/2003