LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 5-21-07
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By:
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@ 6/26/07 MDD

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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 Sims (Last) Phyllis (First) (MI)

2. BUSINESS PHONE 225-389-3917

3. BUSINESS ADDRESS 7535 Don Budge Ave. (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

MAILING ADDRESS same (Street and No.) (City) (State) (Zip)

4. EMPLOYER Sims-Freeman Consulting, LLC

5. EMPLOYER'S ADDRESS 7535 Don Budge Ave. (Street and No.) Baton Rouge (City) LA (State) 70810 (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 Antares Behavioral Health, LLC.

Address 1642 North 8th St., Baton Rouge, LA 70802

Business or purpose mental health care provider

☑ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

Form 501 Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

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 004 Rev. 10/2002