LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

498
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5/29/07
Suppl - L
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1070[illegible]

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 Robin (Last) Dan (First) A. (MI)

2. BUSINESS PHONE 985-893-0906

3. BUSINESS ADDRESS 81125 Hwy 1129 Cov. LA 70435 (Street and No. / City / State / Zip)

MAILING ADDRESS 81125 Hwy 1129 Covington La. 70435 (Street and No. / City / State / Zip)

4. EMPLOYER DAR INC d/b/a Robin + Associates

5. EMPLOYER'S ADDRESS 81125 Hwy 1129 Covington La. 70435 (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.

2007 MAY 30 AM 12:31
BOARD OF ETHICS
CAMPAIGN FINANCE
RECEIVED

1. Name Altria Corporate Services, Inc.

Address 1005 Congress Ave. Suite 850 Austin TX 78701

Business or purpose Tobacco Industry

☑ New Representation
Does this person pay you? yes

If No, who pays you? [illegible]

☐ Terminated Representation as of _____

Form 891, Rev 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

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.

Dan A. Robin
Signature of Lobbyist

Form 501, Rev. 10/2002