LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-31-07
LSUPP
WMI

SCANNED
JUL 2 6 2007
By: [illegible]
10703[illegible]

2007 FEB -1 AM 11:52
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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, Ste 550 (Street and No.) Shreveport (City) LA (State) 71101 (Zip)

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

4. EMPLOYER Southern Strategy Group - NLA

5. EMPLOYER'S ADDRESS 401 Market, Ste 550 (Street and No.) Shreveport, (City) LA (State) 71101 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No X

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 Dore Energy Corp.

Address 8000 Global Drive, Carlyss, LA 70665

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 12/2006

SUPPLEMENTAL REGISTRATION FORM

2. Name Judicial Expense Fund, Parish of Orleans, Civil District, 1st + 2nd City Court

Address 421 Loyola, Rm 320, New Orleans, LA 70112

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of 12/2006

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