LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1275
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6/18/07
Supp - L
SS
10703[illegible]
SCANNED
JUL 2 6 2007
By: [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 McKearn (Last) Kristy (First) G. (MI)

2. BUSINESS PHONE 225-381-7028

3. BUSINESS ADDRESS 301 N. Main St. Suite 810 BR LA 70825 (Street and No. / City / State / 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)

2007 JUN 18 PM 1:27

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 American Medical Response

Address 6200 South Syracuse Way #200 Greenwood Village, Co 80111

Business or purpose private ambulance service

☑ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

Form 601, Rev. 7/04/02

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Peoples Health

Address 3838 N. Causway Blvd, Suite 2200 Three Lakeway Center, Metairie, LA 70002

Business or purpose

☑ 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. 1/2002