LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

114

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6/19/07

Supp-L
SS

SCANNED
JUL 2 6 2007
By (Jm)

107037

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 Basler (Last) Arwin (First) P (MI)

2. BUSINESS PHONE 504-364-0230

3. BUSINESS ADDRESS 2503 Pine Street (Street and No.), New Orleans (City), LA (State) 70125 (Zip)

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

4. EMPLOYER Arwin P Basler, LLC

5. EMPLOYER'S ADDRESS 2503 Pine Street (Street and No.), New Orleans (City), LA (State) 70125 (Zip)

2007 JUN 19 PM 1:24
RECEIVED

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: Omega Protein, Inc.
   Address: 251 Florida Blvd, Ste 407, Baton Rouge, LA 70801
   Business or purpose: Menhaden harvesting, manufacturing, processing and marketing

   ☐ New Representation
   Does this person pay you? _____

   If No, who pays you? _____

   ☑ Terminated Representation as of 6-9-07

Form 801, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

114
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.

Signature of Lobbyist

Form 501, Rev. 10/2002