LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

B71
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12-7-07
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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 Pierre' (Last) Markey (First) W. (MI)

2. BUSINESS PHONE 318-[redacted] 675-0116

3. BUSINESS ADDRESS 401 Market, Ste 550, Shreveport, LA 71101
Street and No. City State Zip

MAILING ADDRESS Same as above
Street and No. City State Zip

4. EMPLOYER Southern Strategy Group of N. LA

5. EMPLOYER'S ADDRESS 401 Market, Ste 550, Shreveport, LA 71101
Street and No. City State 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 Louisiana Re-entry and Rehabilitation Services
Address 3341 Youree Drive, Ste 101, Shreveport, LA 71103
Business or purpose healthcare

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 11-30-07

HAND DELIVERED

Form 901, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

871
Lobbyist's Registration Number

2. Name Cash America International, Inc
Address 1600 W. Seventh Street, Ft. Worth, TX 76102
Business or purpose payday and pawn lending

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 11-30-07

3. Name Judicial Expense Fund of Orleans Parish
Address 421 Loyola, Rm 3[illegible]0, New Orleans, LA 70112
Business or purpose _____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 11-30-07

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 60-, Rev. 10/2002