LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

498

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12-17-07
Ren-08
CK#009086
$110.00

1071051

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

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

2. BUSINESS PHONE 985-893-0906 (Area Code and Phone Number)

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

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

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

5. EMPLOYER'S ADDRESS 81125 Hwy. 1129 (Street and No.) Covington (City) LA (State) 70435 (Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name Louisiana Nursing Home Association

Address 7844 Office Park Blvd. Baton Rouge, LA 70809

Business or purpose Nursing Home Legislation) for upcoming Session 2008

Does this person pay you? yes

If No, who pays you? _____

Form 600, Rev. 10/2002

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4198
Lobbyist's Registration Number

2. Name Louisiana Hospital Association

Address 9521 Brookline Ave. Baton Rouge LA 70809

Business or purpose Health + Welfare Representation

Does this person pay you? yes

If No, who pays you?

3. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

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 509, Rev. 10/2002