LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1443

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/11/08

Reg-08
ck#6042
$110.00

ack✓

1071229

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 Foster (Last) Murphy, Jr. (First) J. (MI)

2. BUSINESS PHONE 337-828-0434 (Area Code and Phone Number)

3. BUSINESS ADDRESS 3296 E. Oaklawn Dr, Franklin, LA 70538 (Street and No. / City / State / Zip)

MAILING ADDRESS P.O. Drawer 730 Franklin LA 70538 (Street and No. / City / State / Zip)

4. EMPLOYER Breazeale, Sachse & Wilson L.L.P

5. EMPLOYER'S ADDRESS One American Place 23rd Flr Baton Rouge LA 70821-3197 (Street and No. / City / State / 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 Breazeale, Sachse & Wilson LLP

Address One American Place 23rd Floor. Baton Rouge, LA 70821-3197

Business or purpose Advisor to Firm's attorneys and clients in solving specific business needs related to State Government.

Does this person pay you? yes

If No, who pays you?

Form 300, Rev. 10/2002

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2. Name:_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   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 500, Rev. 10/2002