LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

890
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/17/08
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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 Patterson (Last) Dickie (First) W (MI)

2. BUSINESS PHONE 225-381-7009

3. BUSINESS ADDRESS 301 North Main St. Suite 810 (Street and No.) Baton Rouge (City) LA (State) 70825 (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)

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 Health Pathways
   Address 12800 Middlebrook Road, Suite 210 Germantown, MD 20874
   Business or purpose Healthcare

   ☐ New Representation
   Does this person pay you? ____
   If No, who pays you? ____

   ☑ Terminated Representation as of 1/17/08

Form 501, Rev. 10/2002

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SUPPLEMENTAL REGISTRATION FORM

2. Name National Federation of Independent Businesses

Address 53 Century Blvd., Suite 300 Nashville, TN 37214

Business or purpose Advocacy organization

☐ New Representation

Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 1/17/08

3. Name Worldwide Interactive Network (WIN)

Address 1000 Waterford Place Kingston, TN 37763

Business or purpose workforce development

☐ New Representation

Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 1/17/08

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 601 Rev. 10/2002

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2. Name PeoplesHealth

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

Business or purpose Healthcare

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 1/17/08

3. Name APS Healthcare, Inc

Address 8403 Colesville Road Silver Spring, MD 20910

Business or purpose Healthcare

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 1/17/08

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_____

Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name First American Title Insurance Company
   Address 2075 Centre Pointe Blvd. Tallahassee, FL 32308
   Business or purpose Insurance

   ☐ New Representation
   Does this person pay you? _____

   If No, who pays you? _____

   ☑ Terminated Representation as of 1/17/08

3. Name USA Funds
   Address 2000 L St., NW Suite 402 Washington, DC 20036
   Business or purpose Student financing

   ☐ New Representation
   Does this person pay you? _____

   If No, who pays you? _____

   ☑ Terminated Representation as of 1/17/08

CERTIFICATION OF ACCURACY

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_____
Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Jupiter Interest, Inc.

Address 5721 Magazine St New Orleans, LA 70115

Business or purpose investment Company

☑ 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.

Dickie W Patterson

Signature of Lobbyist

Form 501, Rev. 10/2002