LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1239
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/29/08

Ren-08
ck# 1203
$110.00

DCKV

1071844

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 Larkins, Amanda P.
   Last First MI

2. BUSINESS PHONE 225-346-4466
   Area Code and Phone Number

3. BUSINESS ADDRESS P.O. Box 64581, Baton Rouge, LA 70896
   Street and No. City State Zip

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

4. EMPLOYER APL Consulting, LLC

5. EMPLOYER'S ADDRESS P.O. Box 64581 Baton Rouge, LA 70896
   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 Louisiana Nursing Home Assoc. (LNHA)
      Address 7844 Office Park Blvd. Baton Rouge, LA 70809
      Business or purpose Health care
      Does this person pay you? yes
      If No, who pays you?

Form 500, Rev. 10/2002

HAND DELIVERED

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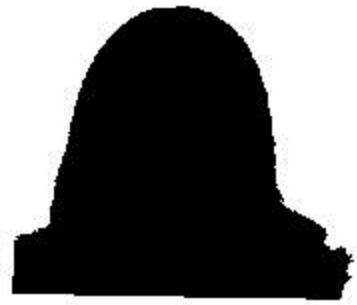
2. Name City of New Orleans
Address 1300 Perdido St., New Orleans, LA 70112
Business or purpose Mayor's Office
Does this person pay you? NO
If No, who pays you? Southern Strategy Group

3. Name Louisiana Art and Science Museum
Address 100 South River Road, Baton Rouge, LA 70802
Business or purpose Museum and planetarium
Does this person pay you? yes
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.

A Harkins
Signature of Lobbyist

Form 600, Rev. 10/2002