LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

FOR OFFICE USE ONLY
Postmark Date: 1/30/09

Reg -08
ck# 29359
$110.00

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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 Salles (Last) Paul (First) _____ (MI)

2. BUSINESS PHONE (504) 837-1171 (Area Code and Phone Number)

3. BUSINESS ADDRESS (504) 837-1174 (Street and No.) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS 2450 Severn Ave, Suite 210, Metairie, La. 70001 (Street and No.) (City) (State) (Zip)

4. EMPLOYER Louisiana Hospital Association

5. EMPLOYER'S ADDRESS 9521 Brookline Ave., Baton Rouge, La. 70809 (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 Hospital Association

Address 9521 Brookline Ave., Baton Rouge, La. 70809

Business or purpose Healthcare / Hospital trade association

Does this person pay you? Yes

If No, who pays you? n/a

Form 500, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

2. Name Metropolitan Hospital Council of New Orleans
   Address 2450 Severn Ave., Suite 210, Metairie, La. 70001
   Business or purpose Healthcare / Hospital trade association
   Does this person pay you? No
   If No, who pays you? Louisiana Hospital Association

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 800, Rev. 10/2002