LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

871
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/29/08
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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 Pierré (First) Markey (Last) W (MI)

2. BUSINESS PHONE (318) 675-0116

3. BUSINESS ADDRESS 401 Market Street, Ste. 550, Shreveport, LA 71101
Street and No. City State Zip

MAILING ADDRESS same
Street and No. City State Zip

4. EMPLOYER Southern Strategy Group

5. EMPLOYER'S ADDRESS 401 Market Street, Ste. 550, Shreveport, LA 71101
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 The LSU Shreveport Foundation, Inc.

Address One University Place, Shreveport, LA 71115

Business or purpose Higher Education

☑ New Representation
Does this person pay you? yes

If No, who pays you?_____

☐ Terminated Representation as of

Form 521, Rev. 10/2002

HAND DELIVERED

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2. Name

Address

Business or purpose

☐ New Representation
Does this person pay you?

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.

Signature of Lobbyist

Form 60 . Rev. 10/2002