LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

490
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/11/08
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ack✓
1072012

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 Henderson Henderson Russell J.
Last First MI

2. BUSINESS PHONE 504 616 4543

3. BUSINESS ADDRESS Box 15030 Nola 70175
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER Self

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 Coalition of Louisiana Addiction Services Prevention Providers
Address 1125 N. Tonti NOLA 70119
Business or purpose Increase Healthy Life styles

3787

☒ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

Form 501. Rev. 10/2002

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2. Name Odyssey House of Louisiana Inc.
   Address 1125 N. Tonti New 70119
   Business or purpose Increase Healthy Lifestyles
   ☒ New Representation
   Does this person pay you? yes
   If No, who pays you?
   ☐ Terminated Representation as of

3. Name Sidrat Strategies Inc
   Address 638 Royal New 70117
   Business or purpose Public Relations + Consulting
   ☒ New Representation
   Does this person pay you? yes
   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.

Russell J. Rosborough
Signature of Lobbyist

FORM 501, Rev. 10/2002