LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

890
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/11/08

1072016

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 Educational Testing Service (ETS)
   Address 1800 K Street, N.W. Washington DC 20006
   Business or purpose testing service

   ☑ New Representation
   Does this person pay you? yes

   If No, who pays you?_____

   ☐ Terminated Representation as of _____

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2. Name Armor Group North America, Inc
Address 1420 Spring Hill Rd., Suite 300 McLean, VA 22102
Business or purpose risk management service

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 2/1/08

3. Name APS Healthcare, Inc.
Address 8403 Colesville Road Silver Spring, MD 20910
Business or purpose Healthcare

☑ New Representation
Does this person pay you? 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.

Signature of Lobbyist

Form 501, Rev. 10/2002