LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1458
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/22/08

1072030

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 30 days of any terminations of employment or representations.

1. NAME Robinson (Last) Kimberly (First) L (MI)

2. BUSINESS PHONE 225-246-2084

3. BUSINESS ADDRESS 8555 United Plaza Blvd (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

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

4. EMPLOYER Jones, Walker, Waechter, Poitevent, Carr

5. EMPLOYER'S ADDRESS 8555 United Plaza Blvd (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No X

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 ICF International, Inc

Address 2025 M Street, NW Suite 800 Washington DC 20036

Business or purpose Technology Consultants

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of ~~January 22 2008~~ January 31, 2008

Form 601, 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 501, Rev. 10/2002