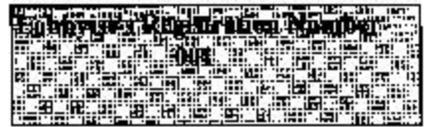


LOBBYING SUPPLEMENTAL REGISTRATION FORM
To be used for changes to registrations and terminations.



Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- 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.

FOR OFFICE USE ONLY
Postmark Date: 4/10/08

Supp 08

1072165

1. NAME Haynie Randy K.
Last First MI

2. BUSINESS PHONE 225-336-4143

3. BUSINESS ADDRESS P.O. Box 44032, Capitol Station Baton Rouge, LA 70804
Street and No. City State Zip

MAILING ADDRESS 1465 Ted Dunham Avenue Baton Rouge, LA 70802
Street and No. City State Zip

4. EMPLOYER Self-Employed

5. EMPLOYER'S ADDRESS _____
Street and No. City State 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.

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM



1. Name Flatiron Constructors, Inc.

Address 1380 Forest Park Circle, Suite 202, Lafayette, Colorado 80026

Business or purpose: Construction company

New Representation X
Does this person pay you? YES

If No, who pays you? _____

Terminated Representation as of _____

2. Name Thinkstream, Inc.

Address 6146 Crestmount, Baton Rouge, Louisiana 70809

Business or purpose Technology and Information Management

New Representation X
Does this person pay you? YES

If No, who pays you? _____

Terminated Representation as of _____

3. Name Sight Savers of Alabama

Address 169 Cahaba Valley Parkway, Pelham, Alabama 35124

Business or purpose Non-Profit Organization promoting eye care for children

New Representation X
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