LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

932
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 8/21/05
Supp-08

1072232

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 Sims (Last) Phyllis (First) ____ (MI)

2. BUSINESS PHONE 225-937-2012

3. BUSINESS ADDRESS 7535 Don Budge Ave, Baton Rouge, LA 70810
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER Sims-Freeman Consulting, LLC

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 AGS, LLC of Delaware
Address 201 Greer Drive, Simpsonville, SC 29681
Business or purpose manufacture game machines.

☑ New Representation
Does this person pay you? Yes

If No, who pays you? ____

☐ Terminated Representation as of ____

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number _____

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