LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

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.

FOR OFFICE USE ONLY
Postmark Date: 5/6/05

Supp-08

1072285

1. NAME Hayden (Last) Randy (First) L. (MI)

2. BUSINESS PHONE 225-763-8988

3. BUSINESS ADDRESS 13144 Perkins Rd. Ste A (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

MAILING ADDRESS PO Box 14204 (Street and No) Baton Rouge (City) LA (State) 70898 (Zip)

4. EMPLOYER Creative Communications, Inc.

5. EMPLOYER'S ADDRESS P.O. Box 14204 (Street and No.) Baton Rouge (City) LA (State) 70810 (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 (Penn Gaming) - Penn National Gaming, Inc.
   Address 825 Berkshire Blvd. Suite 200 Wyomissing, PA 19610
   Business or purpose Gaming

   ☑ New Representation
   Does this person pay you? No
   If No, who pays you? Creative Communications, Inc.

   ☐ Terminated Representation as of ___

Form 501, Rev 10/2002

SUPPLEMENTAL REGISTRATION FORM

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