LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

871
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5/5/08
Supp-08

1072294

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 Pierre (Last) W (First) Markey (MI)

2. BUSINESS PHONE (318) 675-0116

3. BUSINESS ADDRESS 401 Market St., Ste 550, Shreveport, LA 71101 (Street and No. / City / State / Zip)

MAILING ADDRESS Same (Street and No. / City / State / Zip)

4. EMPLOYER Southern Strategy Group of NLA, LLC

5. EMPLOYER'S ADDRESS 401 Market St., Ste. 550, Shreveport, LA 71101 (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.

1. Name Petroleum Independence Bowl

   Address 401 Market St., Ste. 130, Shreveport, LA 71101

   Business or purpose college sport event

   ☐ New Representation
   Does this person pay you?_____

   If No, who pays you?_____

   ☒ Terminated Representation as of April 30, 2008

Form 507, Rev. 10/2003

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.

Marty N. Pierre
Signature of Lobbyist

Form 501, Rev. 10/2002