**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

871
**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 3-16-08
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## 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) Markley (First) ____ (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 ____

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 Diversified Market Solutions
   Address 1100 Poydras St., Ste. 2900, New Orleans, LA 70163
   Business or purpose Management + technology consultants

   [X] New Representation
   Does this person pay you? NO
   If No, who pays you? Southern Strategy Group of NLA, LLC

   [ ] Terminated Representation as of ____

Form 501, Rev 102002

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 601, Rev. 10/2002