LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 6-5-08
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Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-4630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form, to add employers to those you represent, or if you cease all activities requiring registration. It must be submitted within 30 days of any terminations of employment or representations.

1. NAME Easterling (Last) Richard (First) B. (MI)

2. BUSINESS PHONE 225-336-5200

3. BUSINESS ADDRESS 450 Laurel Street, Suite 1900 Baton Rouge, LA 70801 (Street and No. / City / State / Zip)

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

4. EMPLOYER Adams and Reese LLP

5. EMPLOYER'S ADDRESS same (Street and No. / City / State / Zip)

6. Has 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.

[ ] Name Principal Financial Services

Address 3120 Breckinridge Boulevard Duluth, GA 30099

Business or purpose Financial

[✓] New Representation
Does this person pay you? NO

If No, who pays you? Adams and Reese LLP

[ ] Terminated Representation as of _____

Form 201, rev. 4/2006

LOB 969
Lobbyist's Registration Number

SUPPLEMENTAL REGISTRATION FORM

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? ____

If so, who pays you _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? ____

If so, 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/ [illegible]