LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1521
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6-28-08
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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 Gilmore (Last) James (First) A (MI)

2. BUSINESS PHONE 2252367692

3. BUSINESS ADDRESS 1440 Devonshire Dr. (Street and No.) Slidell (City), LA (State) 70461 (Zip)

MAILING ADDRESS 1440 Devonshire Dr. (Street and No.) Slidell (City), LA (State) 70461 (Zip)

4. EMPLOYER Bayard Research Group, LLC

5. EMPLOYER'S ADDRESS 1440 Devonshire Dr (Street and No.) Slidell (City) LA (State) 70461 (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 Baton Rouge Primary Care Inc.

Address 1414 Fairchild St., Baton Rouge LA

Business or purpose Healthcare

☒ New Representation

Does this person pay you? yes

If No, who pays you? ___

☐ Terminated Representation as of ___

Form 601 Rev. 10/2002

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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 501, Rev 10/2002