LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

049

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 8-11-08
Term - L
Ack
1072886

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 POOLE (Last) WILLIAM (First) B (MI)

2. BUSINESS PHONE 404-715-2455

3. BUSINESS ADDRESS 1030 DELTA BLVD-DEPT 976 (Street and No.) ATLANTA (City) GA (State) 30354 (Zip)

MAILING ADDRESS SAME (Street and No.) (City) (State) (Zip)

4. EMPLOYER DELTA AIR LINES, INC.

5. EMPLOYER'S ADDRESS 1030 DELTA BLVD-DEPT 976 (Street and No.) ATLANTA (City) GA (State) 30354 (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 DELTA AIR LINES, INC.
   Address 1030 DELTA BLVD - DEPT. 976 ATLANTA, GA 30354
   Business or purpose AIR LINE

   ☐ New Representation
   Does this person pay you? ____

   If No, who pays you? ____

   ☑ Terminated Representation as of 8/11/08

Form 501, 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 601, Rev. 10/2002