LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1483
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 10-8-08
Form

1073128

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 Landry, Nancy R.
Last First MI

2. BUSINESS PHONE 337-288-4681

3. BUSINESS ADDRESS 109 South College Rd. Lafayette, LA 70503
Street and No. City State Zip

MAILING ADDRESS same
Street and No. City State Zip

4. EMPLOYER Pelican Strategies, LLC

5. EMPLOYER'S ADDRESS 109 South College Rd., Lafayette, LA 70503
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 Pelican Strategies, LLC
Address 109 South College Road, Lafayette, LA 70503
Business or purpose Public Affairs

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 10-7-08

Form 501, Rev. 10/2002

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SUPPLEMENTAL REGISTRATION FORM

2. Name 3-D Squared, Inc.
Address 211 W. Main Street, Lafayette, LA 70501
Business or purpose Workforce Development - high tech job training non-profit

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 10-07-08

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.

Nancy R. Landry
Signature of Lobbyist

Form-501, Rev. 10/2008