LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 11-18-08

1073154

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 HOOD CELESTE
   Last First MI

2. BUSINESS PHONE 225-344-8036

3. BUSINESS ADDRESS 742 N. 5th STREET BATON ROUGE, LA 70802
   Street and No. City State Zip

   MAILING ADDRESS SAME AS ABOVE
   Street and No. City State Zip

4. EMPLOYER F.M. HOOD & ASSOCIATES

5. EMPLOYER'S ADDRESS
   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 PILGRIMS PRIDE - MARCI PARKER (CONTACT)
      Address P.O. BOX 93 PITTSBURG, TX 75686

      Business or purpose

      ☐ New Representation
      Does this person pay you?

      If No, who pays you?

      ☑ Terminated Representation as of 11-1-08

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number:

2. Name EAGAN HUB STORAGE FACILITY

Address 5400 WESTHEIMER CT, HOUSTON TX 77056

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☑ Terminated Representation as of 11-1-08

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.

Signature of Lobbyist

Form 501, Rev. 10/2002