LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals. Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/1/97
REG
1981985
✓ #1731
$10.00
10mi

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME Wilson, Rene' P.
   Last First MI
2. BUSINESS PHONE (504) 849-7324
   Area Code and Phone Number
3. BUSINESS ADDRESS 111 Veteran's Memorial Blvd., Ste. 500
   Street and No. Metairie, City LA State 70005 Zip
4. EMPLOYER Southeast Medical Alliance
5. EMPLOYER'S ADDRESS 111 Veteran's Memorial Blvd., Ste. 500
   Street and No. Metairie, City LA State 70005 Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

   1. Name Southeast Medical Alliance, Inc.
      Address 111 Veteran's Memorial Blvd., Ste. 500 Metairie, LA 70005
      Business or purpose Health Maintenance Organization
      Does this person pay you? Yes
      If No, who pays you? ____
   2. Name ____
      Address ____
      Business or purpose ____
      Does this person pay you? ____
      If No, who pays you? ____

ATTACHMENT D-18

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Lobbyist's Registration Number

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

5. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

State of LOUISIANA

Parish of JEFFERSON

Before me, the undersigned authority, personally came and appeared RENE P. WILSON who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Rene P. Wilson

Signature of Lobbyist

Sworn to and subscribed before me on this 1st day of DEC., 19 97

Notary Public

Rev. 8/97