#748

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: 3/22/99
Rec'd
1990707
✓#35201
$10.00
KSD

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, (225) 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 Earl T. (Last) Mark (First) C. (MI)

2. BUSINESS PHONE 504-561-3100 (Area Code and Phone Number)

3. BUSINESS ADDRESS 601 Poydras St. Suite 2300 (Street and No.) New Orleans (City) LA (State) 70130 (Zip)

4. EMPLOYER Christovich & Kearney, LLP

5. EMPLOYER'S ADDRESS _____ (Street and No.) _____ (City) _____ (State) _____ (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 Metropolitan Hospital Council of New Orleans
   Address 2450 Severn Avenue, Suite 210, Metairie, LA 70001
   Business or purpose Hospital Trade Association
   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? _____

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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 Orleans

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

Signature of Lobbyist

Sworn to and subscribed before me on this 22nd day of March, 1999

Notary Public

Rev. 8/97

JOHN A. STASSI II
Notary Public
Jefferson Parish, Louisiana
My Commission is for Life.