Supplemental

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, 1999

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/27/99

1. Supp **1990729**

#20705

$100 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, (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.
- Complete employer verification form(s) for each employer and each person you represent as listed below.

1. NAME Prados (Last) Sean (First) M. (MI)

2. BUSINESS PHONE (225)928-0026 (Area Code and Phone Number)

3. BUSINESS ADDRESS 9521 Brookline Ave. (Street and No.) Baton Rouge (City), LA (State) 70809 (Zip)

4. EMPLOYER Louisiana Hospital Association

5. EMPLOYER'S ADDRESS 9521 Brookline Ave. (Street and No.) Baton Rouge (City), LA (State) 70809 (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. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THIS LISTING.

1. Name Louisiana Hospital Association

   Address 9521 Brookline Ave. BAton Rouge, LA 70809

   Business or purpose non-profit 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? _____

LOBBYING REGISTRATION FORM

Lobbyist Registration No.

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 East Baton Rouge

Before me, the undersigned authority, personally came and appeared Sean M. Predos, 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 26th day of January, 1999.

Notary Public

ATTACH 2" x 2" PHOTOGRAPH HERE FOR INITIAL REGISTRATION ONLY

Rev. 6/96