EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _____

(Fill in year.)

62

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 04/18/05
Reg. 2005
J#2710
$110.00 ck

3050055

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Hebert (Last) Jason (First) E. (MI)

2. BUSINESS PHONE 504-838-8192 (Area Code and Phone Number)

3. FAX NUMBER 504-838-8193

4. BUSINESS ADDRESS 110 Veterans Blvd, Ste 103-A (Street and No.) Metairie (City), LA (State) 70005 (Zip)

MAILING ADDRESS _____ (Street and No.) _____ (City) _____ (State) _____ (Zip)

5. EMPLOYER Impact Management Group

6. EMPLOYER'S ADDRESS 110 Veterans Blvd, Ste 103-A (Street and No.) Metairie (City), LA (State) 70005 (Zip)

7. 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 Impact Management Group

Address 110 Veterans Blvd., Ste. 103-A

Business or purpose Public Affairs / Public Relations

Does this person pay you? Yes

If No, who pays you? _____

2005 APR 18 AM 10:56
ETHICS REGISTRATION CAMPAIGN FINANCE RECEIVED

HAND DELIVERED

Form 504, Rev. 7/04

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No. _____

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

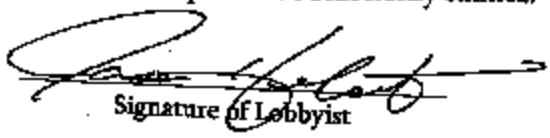
Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist

EXECUTIVE LOBBYING REGISTRATION/RENEWAL ATTACHMENT FORM

Executive Lobbyist Registration No. _____

Instructions:

- Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- Please identify each page with a page number and indicate the total number of pages being submitted.

1. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

2. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

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? _____

Form 504, Rev. 7/04