# EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006

(Fill in year.)

49

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 12/12/05
Ren. 2006
#3604
$110.00 US

2005 DEC 14 PM 12:39

30502/4

**Amendment(s) Attached**

## 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 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 Ardoin (Last) Kyle (First) _____ (MI)

2. BUSINESS PHONE (225) 334-9325 (Area Code and Phone Number)

3. FAX NUMBER (225) 334-9305

4. BUSINESS ADDRESS 4008 Hyacinth Ave. (Street and No.) Baton Rouge (City), La. (State) 70808 (Zip)

MAILING ADDRESS 4008 Hyacinth Ave. (Street and No.) Baton Rouge (City), La. (State) 70808 (Zip)

5. EMPLOYER _____

6. EMPLOYER'S ADDRESS Same (Street and No.) _____ (City) _____ (State) _____ (Zip)

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (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 Louisiana Independent Pharmacies Association

Address 4008 Hyacinth Ave. Baton Rouge, La. 70808

Business or purpose lobbying

Does this person pay you? yes

If No, who pays you? _____

# EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006

(Fill in year.)

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 01/17/06
Ren. 2006
V# 3604
$10.00 WK

AMENDMENT

3050214

## 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 Ardoin (Last) Kyle (First) MI

2. BUSINESS PHONE 225-334-9325 (Area Code and Phone Number)

3. FAX NUMBER 225-334-9385

4. BUSINESS ADDRESS 4008 Hyacinth Ave. (Street and No.) Baton Rouge (City) La (State) 70808 (Zip)

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

5. EMPLOYER Publink LLC.

6. EMPLOYER'S ADDRESS 4008 Hyacinth Ave. (Street and No.) Baton Rouge (City) La. (State) 70808 (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 Louisiana Independent Pharmacies Association

Address 4008 Hyacinth Ave. Baton Rouge, La. 70808

Business or purpose Professional Pharmacist Association

Does this person pay you? yes

If No, who pays you? _____

RECEIVED 2006 JAN 18 AM 11:32

# EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name La. Physical Therapy Association

Address

Business or purpose lobbying

Does this person pay you? yes

If No, who pays you?

3. Name La. Society of Oral and Maxillofacial Surgeons

Address

Business or purpose lobbying

Does this person pay you? yes

If No, who pays you?

4. Name La. Counselors Association

Address

Business or purpose lobbying

Does this person pay you? yes

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

ATTACH 2" x 2" PHOTOGRAPH HERE

# EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name La. School Nutrition Association
Address 4808 Hyacinth Ave. Baton Rouge, La. 70808
Business or purpose Professional lunchroom workers
Does this person pay you? yes
If No, who pays you?

3. Name Louisiana Counselors Association
Address 4008 Hyacinth Ave. Baton Rouge, La. 70808
Business or purpose Professional school counselors Association
Does this person pay you? yes
If No, who pays you?

4. Name Louisiana State Nurses Association
Address 4008 Hyacinth Ave. Baton Rouge, La. 70808
Business or purpose Professional Nurses Association
Does this person pay you? yes
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

ATTACH 2" x 2" PHOTOGRAPH HERE

Form 504, Rev. 7/04

Page ___ of ___

**AMENDMENT**

# 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 La. School Food Service Association

   Address _____

   Business or purpose lobbying

   Does this person pay you? yes

   If No, who pays you? _____

2. Name Urgent Care Services Inc.

   Address _____

   Business or purpose _____

   Does this person pay you? yes

   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? _____

# EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name Louisiana Society of Oral and Maxiofacial Surgeons
Address 4008 Hyacinth Ave. Baton Rouge, La. 70808
Business or purpose Professional Oral Surgeons
Does this person pay you? YES
If No, who pays you?

3. Name Louisiana Physical Therapist Association
Address 4008 Hyacinth Ave. Baton Rouge, La. 70808
Business or purpose Professional Physical Therapist association
Does this person pay you? YES
If No, who pays you?

4. Name Urgent Care Services Inc.
Address 4008 Hyacinth Ave. Baton Rouge, La. 70808
Business or purpose Professional management services
Does this person pay you? yes
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

ATTACH 1" x 2" PHOTOGRAPH HERE

Form 504, Rev. 7/04

Page ___ of ___

AMENDMENT