EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006

(Fill in year.)

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 04/06/06
Reg. 2006
V#5857
$110.00 WR

3060474

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 Millet (Last) Beth (First) M1

2. BUSINESS PHONE (225) 389-9429 (Area Code and Phone Number)

3. FAX NUMBER (225) 387-0309

4. BUSINESS ADDRESS 729 S. Acadian Thruway, Baton Rouge, LA. 70806 (Street and No. / City / State / Zip)

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

5. EMPLOYER HealthCare Solutions, LLC

6. EMPLOYER'S ADDRESS 729 S. Acadian Thruway, Baton Rouge, LA. 70806 (Street and No. / City / State / 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.

I. Name Rural Hospital Coalition

Address 729 S. Acadian Thruway, Baton Rouge, LA. 70806

Business or purpose To Promote the interests of rural hospitals

Does this person pay you? No

If No, who pays you? HealthCare Solutions, LLC

HAND DELIVERED

Form 504, Rev. 7/04

EXECUTIVE LOBBYING REGISTRATION FORM

2. Name CARSA

Address 727 S. Acadian Thruway, Baton Rouge, La. 70806

Business or purpose Promotes the interests of providers of services to persons with disabilities.

Does this person pay you? NO

If No, who pays you? HealthCare Solutions, LLC

3. Name Pecan Grove Training Center

Address P.O. Box 12957, Alexandria, LA. 71315-2957

Business or purpose Provides care to persons with developmental disabilities

Does this person pay you? NO

If No, who pays you? HealthCare Solutions, LLC

4. Name Delhi Guest Home, Inc.

Address P.O. Box 1751, Tallulah, LA. 71284-1751

Business or purpose Provides services to persons with developmental disabilities

Does this person pay you? No

If No, who pays you? HealthCare Solutions, LLC

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