EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted **within 5 days** of any changes in your registration form or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 04/19/06
XSUPP

3060490

1. NAME McKearn (Last) Kristy (First) G. (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE 225-381-7028 (Area Code) Phone Number

3. FAX PHONE 225-343-3612

4. BUSINESS ADDRESS 301 N. Main St., Suite 830 (Street and No.) B.R. (City) LA (State) 70825 (Zip)

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

5. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz

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

7. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ✓

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1) Name Fresenius Medical Care

Address 95 Hayden Drive Lexington, MA 02420

Business or purpose Medical Care and Products

☑ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

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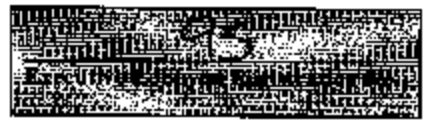

2) Name First American Title Insurance Company

Address 2075 Centre Pointe Blvd Tallahassee, FL. 32308

Business or purpose Insurance

☑ New Representation
Does this person pay you? Yes

If No, who pays you?

☐ Terminated Representation as of

3) Name

Address

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

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