EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

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

3060515

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.

1. NAME Cowart (Last) R. (First) Duane (MI)

NAME CHANGE _____ Last _____ First _____ MI

2. BUSINESS PHONE (225) 819-9945 (Area Code) Phone Number

3. FAX PHONE (225) 819-9942

4. BUSINESS ADDRESS 10935 Perkins Road, Suite A, Baton Rouge, LA 70810
Street and No. City State Zip

MAILING ADDRESS same
Street and No. City State Zip

5. EMPLOYER The Cowart Group, Inc.

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 eBay Inc.
Address 2145 Hamilton Ave, San Jose, CA, 95125
Business or purpose Internet competitive bidding marketplace

☑ New Representation
Does this person pay you? yes

If No, who pays you? _____

HAND DELIVERED

☐ Terminated Representation as of _____

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2) Name Dore Energy

Address P.O. Box 67, Sulphur, LA 70664

Business or purpose oil and gas production

☑ 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