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) 842-6620. 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: 07/11/06
XSUPP

3060800

1. NAME Pierre' (Last) Markus (First) W. (MI)

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

2. BUSINESS PHONE 318-675-0116 (Area Code) Phone Number

3. FAX PHONE 318-675-0117

4. BUSINESS ADDRESS 401 Market St. Suite 550 Shreveport, LA 71115 (Street and No. / City / State / Zip)

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

5. EMPLOYER Southern Strategy Group of NLA

6. EMPLOYER'S ADDRESS 401 Market St. Shreveport, LA 71115 (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 Resource Foundation, Inc.
Address 11224 Boardwalk Dr., Suite A1 Baton Rouge, LA 70816
Business or purpose Housing and Lending Company

☑ New Representation
Does this person pay you? yes
If No, who pays you? _____

☐ Terminated Representation as of _____

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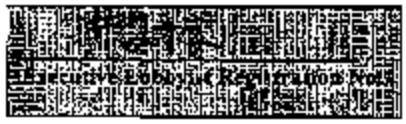

2) Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

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.

Marty W. Pierce

Signature of Lobbyist