Exec # 623

# EXECUTIVE LOBBYING EXPENDITURE REPORTING DESIGNATION

Pursuant to LSA-R.S. 49:76G(2)(a), an employer or principal of a lobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of all of its lobbyists. The designation form is to be completed and submitted by January 31st of each year. This designation will be effective for the reporting of all expenditures made during that calendar year. This form must include a listing of all persons for whom you will be reporting. Also, please list a contact person who will be responsible for completing such reports and for receiving any correspondence regarding reporting deadlines and late fees. Failure to fully complete this form may render your designation ineffective.

Hand deliver or mail to: 2415 Quail Drive, 3rd Floor, Baton Rouge, LA 70808

OR

Fax to: (225) 763-8787 or (225) 763-8780

FOR OFFICE USE ONLY
Postmark Date: 01/26/2006
DSG
3060922

1. EMPLOYER/PRINCIPAL: Healthcare Solutions, LLC

2. BUSINESS ADDRESS: 729 S. Acadian Thruway (Street and No.) Br (City) LA (State) 70806 (Zip)

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

3. CONTACT PERSON: Pilley (Last) Christopher (First) (MI)

4. MAILING ADDRESS (If different from above): Same as above (Street and No.) (City) (State) (Zip)

5. PHONE NUMBER: 225-389-9429 (Area Code and Phone Number)

6. FAX NUMBER: 225-387-0309 (Area Code and Fax Number)

SCANNED
AUG 09 2006
By:

7. Names of Lobbyists who are employed by or who represent the interests of the Principal listed above:

1) Name: Pilley (Last) J. Christopher (First) (MI) EXEC.ID.# 676

2) Name: Welch (Last) Linda (First) (MI) EXEC.ID.# 623

3) Name: (Last) (First) (MI) EXEC.ID.#

HAND DELIVERED



Form 506, Rev. 7/04

# EXECUTIVE LOBBYING EXPENDITURE REPORTING DESIGNATION

4) Name: _____ EXEC.ID.# _____
Last First MI

5) Name: _____ EXEC.ID.# _____
Last First MI

6) Name: _____ EXEC.ID.# _____
Last First MI

7) Name: _____ EXEC.ID.# _____
Last First MI

8) Name: _____ EXEC.ID.# _____
Last First MI

9) Name: _____ EXEC.ID.# _____
Last First MI

10) Name: _____ EXEC.ID.# _____
Last First MI

Pursuant to LSA-R.S. 49:76G(2)(a), Healthcare Solutions, LLC
Name of Employer or Principal
is exercising the option of filing expenditure reports for all executive lobbying expenditures made on my/its behalf by persons representing my/its interests during the year of 2005.

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.

J. Christopher Pilley
Signature of Employer/Principal or Representative

J. Christopher Pilley
Print or Type Full Name