(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007
(Fill in year.)

460
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1/29/07
Reg. 2007
1#5710
wmi
$110

3061614

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 Metcalf (Last) Richard (First) T. (MI)

2. BUSINESS PHONE 225/387-3205 (Area Code and Phone Number)

3. FAX NUMBER 225/344-5502

4. BUSINESS ADDRESS 801 North Blvd. Ste. 201, B.R., LA 70802 (Street and No., City, State, Zip)

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

5. EMPLOYER Louisiana Mid-Continent Oil + Gas Association

6. EMPLOYER'S ADDRESS Same as above (Street and No., City, State, Zip)

2007 JAN 29 PM 2:
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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.

1. Name Louisiana Mid-Continent Oil + Gas Association

Address 801 North Blvd., Ste. 201, B.R., LA 70802

Business or purpose trade association

Does this person pay you? yes

If No, who pays you?

HAND DELIVERED

Rec'd: 1/29/07 [illegible]

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

3. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

4. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

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