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

31
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
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ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

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 Welch (Last) Linda (First) K (MI)

2. BUSINESS PHONE 225-389-9429 (Area Code and Phone Number)

3. FAX NUMBER 225-387-0309

4. BUSINESS ADDRESS 729 S. Acadian Thruway, Baton Rouge, LA. 70806 (Street and No. / City / State / Zip)

MAILING ADDRESS SAME AS ABOVE (Street and No. / City / State / Zip)

5. EMPLOYER HealthCare Solutions, LLC

6. EMPLOYER'S ADDRESS 729 S. Acadian Thruway, B.R., LA. 70806 (Street and No. / City / State / Zip)

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 Rural Hospital Coalition

Address 729 S. Acadian Thruway, B.R., LA. 70806

Business or purpose Promote the interests of rural hospitals

Does this person pay you? No

If No, who pays you? HealthCare Solutions, LLC

Rec'd: 3/7/07 PMS

HAND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM

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2. Name CARA

Address 729 S. Acadian Thruway, B.R., La. 70806

Business or purpose TRADE ASSOCIATION for providers of services to the disabled

Does this person pay you? No

If No, who pays you? HealthCare Solutions, LLC

3. Name Tyche, Inc.

Address P.O. Box 1029, TALLULAH, La. 71282

Business or purpose Operates Corrections and health care Facilities

Does this person pay you? No

If No, who pays you? HealthCare Solutions, LLC

4. Name Pecan Grove Training Center

Address P.O. Box 12957, Alexandria, La. 71315

Business or purpose Provides services to persons with disabilities

Does this person pay you? No

If No, who pays you? Health Care Solutions, LLC

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.

Linda K. Schlet
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE