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EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1-31-07
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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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 Pierre' (Last) Markey (First) W. (MI)

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

3. FAX NUMBER 318-675-0117

4. BUSINESS ADDRESS 401 Market, Ste. 550 (Street and No.) Shreveport (City) LA (State) 71101 (Zip)

MAILING ADDRESS 401 Market, Ste 550 (Street and No.) Shreveport (City) LA (State) 71101 (Zip)

5. EMPLOYER Southern Strategy Group - NLA

6. EMPLOYER'S ADDRESS 401 Market, Ste 550 (Street and No.), Shreveport (City), LA (State) 71101 (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 Louisiana Re-entry and Rehabilitation Services

Address 3341 Youree Dr., Ste. 101, Shreveport, LA

Business or purpose healthcare

Does this person pay you? yes

If No, who pays you? _____

Rev: 3/29/07 pg (cudback th)

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name Cash America International, Inc.

Address 1600 W. 7th Street, Ft. Worth, TX 76102

Business or purpose pay day and pawn lending

Does this person pay you? yes

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

ATTACH 2" x 2" PHOTOGRAPH HERE