EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbying Registration No.

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) 842-6630. 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: 5/2/07
ESUPP SCANNED
JUL 10 2007
By: (JT)
3070106
@ 6/21/07 MDD

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REGISTRATION
RECEIVED

1. NAME Patterson (Last) Dickie (First) W (MI)

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

2. BUSINESS PHONE 225-381-7009 (Area Code) Phone Number

3. FAX PHONE 225-343-3612

4. BUSINESS ADDRESS 301 North Main St., Suite 810 B.R. LA 70825 (Street and No.) (City) (State) (Zip)

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

5. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz

6. EMPLOYER'S ADDRESS Same (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 Medtronic Sofamor Danek

Address 1800 Pyramid Place Memphis, TN 38132

Business or purpose Medical Devices

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 5/1/07

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Executive Lobbyist Registration No.

2) Name National Federation of Independent Business (NFIB)

Address 53 Century Blvd., Suite 250 Nashville, TN 37214

Business or purpose Advocacy Organization

☑ New Representation
Does this person pay you? yes

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.

Dennis Patterson
Signature of Lobbyist