(E)

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

426
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1-11-07
ESUPP
SCANNED
JUL 27 2007
By: (Jm)
3070201

Instructions

1. Print in ink or type.
2. 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.
3. 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.

1. NAME Eades, Bonnie W.
Last First MI

NAME CHANGE _____
Last First MI

2. BUSINESS PHONE (504) 528-2090
(Area Code) Phone Number

3. FAX PHONE (504) 528-9427

4. BUSINESS ADDRESS 365 Canal St, Rm. 3010, New Orleans, LA 70130
Street and No. City State Zip

MAILING ADDRESS same
Street and No. City State Zip

5. EMPLOYER BellSouth Telecommunications, Inc. (parent, AT+T Inc.)

6. EMPLOYER'S ADDRESS 365 Canal St., Rm. 3010, New Orleans, LA 70130
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No X

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.

i) Name AT+T, Inc. and its affiliates and subsidaries

Address 365 Canal St, Rm. 3010, New Orleans, LA 70130

Business or purpose Communications service provider

☑ New Representation
Does this person pay you? No

If No, who pays you? Employer listed above

☐ Terminated Representation as of _____

Form 505, Rev. 7/04

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2) Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

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.

Signature of Lobbyist