EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

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: 8/13/07
ESUPP.
SCANNED
AUG 22 2007
By: 6
3070405

1. NAME Privette Sr. Warren R
Last First MI

NAME CHANGE _____
Last First MI

New 2. BUSINESS PHONE 318-451-3655
(Area Code) Phone Number

Note: Change of Contact Information Only

New 3. FAX PHONE 225-637-3022

New 4. BUSINESS ADDRESS P.O. Box 184 Ferdache LA 70332
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

5. EMPLOYER Roy O. Martin Lumber Co

6. EMPLOYER'S ADDRESS P.O. Box 1110 Alexandria, LA 71309-1110
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.

1) Name Roy O. Martin Lumber Co
Address (Same as above)
Business or purpose Forest Products Manufacturing and Timber Management

☐ New Representation
Does this person pay you? N/A

If No, who pays you? _____

☐ Terminated Representation as of N/A

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2) Name Privette & Associates LLC

Address P.O. Box 184 Fordoche, LA 70732

Business or purpose Consultation Services - Lobbying

☐ New Representation
Does this person pay you? Personal contract change only

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.

Warren R. Privette

Signature of Lobbyist