To UPDATE CHANGE IN ADDRESS + PHONE ONLY

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EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

427
Executive Lobbyist Registration

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: 8-28-07
Supp-E
SCANNED
AUG 30 2007
By: Jm
3070546

1. NAME Erath (Last) Greg (First) (MI)

NAME CHANGE – (Last) (First) (MI)

2. BUSINESS PHONE 404-249-1943 (Area Code) Phone Number — Change (New)

3. FAX PHONE 404-249-1934 — Change (New)

4. BUSINESS ADDRESS 100 Colony Square, Ste. 1000 / 1175 Peachtree St. NE (Street and No.) Atlanta (City) GA (State) 30361 (Zip) — (New) Change

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

5. EMPLOYER Same

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.

No other changes

1) Name

Address

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

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Executive Lobbying Registration #

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.

Greg Erath

Signature of Lobbyist