EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

FOR OFFICE USE ONLY
Postmark Date: 12.7.07
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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.

1. NAME Pierre' (Last) Markey (First) W. (MI)

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

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

3. FAX PHONE 318.675-0117

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

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

5. EMPLOYER Southern Strategy Group of N. LA

6. EMPLOYER'S ADDRESS 401 Market, Ste 550, (Street and No.) Shreveport, (City) LA (State) 71101 (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 Port of Shreveport * Bossier

Address P.O. Box 52071, Shreveport, LA 71135-2071

Business or purpose transportation

☒ New Representation
Does this person pay you? yes

If No, who pays you? _____

HAND DELIVERED

☐ Terminated Representation as of _____

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2) Name Doeker Resource Partners

Address 9091 Ellerbe Rd, Ste 400, Shreveport, LA 71106

Business or purpose recruiting

☒ 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.

Marty H. Pierce
Signature of Lobbyist