EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

498
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1/28/08
Sup - term
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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 Carroll (Last) Timothy (First) F (MI)

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

2. BUSINESS PHONE (212) 651 7931 (Area Code) Phone Number

3. FAX PHONE _____

4. BUSINESS ADDRESS 237 Park Ave (Street and No.) New York (City) NY (State) 10017 (Zip)

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

5. EMPLOYER Bear Measurist LLC

6. EMPLOYER'S ADDRESS 237 Park Ave (Street and No.) New York (City) NY (State) 10017 (Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 Bear Measurist LLC

Address 237 Park Ave. New York NY 10017

Business or purpose providing risk analytics to investors

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 12/26/07

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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