EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

52

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1/14/08
Ren-08
CK# 37361
$110.00
ack

3070726

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME PICARD, TYRON D.
   Last First MI

2. BUSINESS PHONE 337-291-3333
   Area Code and Phone Number

3. FAX NUMBER 337-291-4444

4. BUSINESS ADDRESS 130 E KALISTE SALOOM RD LAFAYETTE LA 70508
   Street and No. City State Zip

   MAILING ADDRESS PO BOX 98000 LAFAYETTE LA 70509-8000
   Street and No. City State Zip

5. EMPLOYER ACADIAN AMBULANCE SERVICE, INC.

6. EMPLOYER'S ADDRESS PO BOX ? STREET SAA
   Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

   1. Name ACADIAN AMBULANCE SERVICE, INC.

      Address PO BOX 98000 LAFAYETTE, LA 70509-8000

      Business or purpose EMERGENCY & NON-EMERGENCY PRE-HOSPITAL CARE

      Does this person pay you? YES

      If No, who pays you?

Missing numbered pages blank and had no information on them.

EXECUTIVE LOBBYING REGISTRATION FORM

52
Executive Lobbyist Registration No.

2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

3. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

4. Name_____

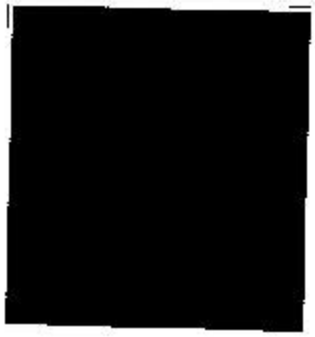
   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

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