EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008
(Fill in year.)

FOR OFFICE USE ONLY
Postmark Date: 1/30/08
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$110.00
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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 Salles (Last) Paul (First) _____ (MI)

2. BUSINESS PHONE (504) 837-1171 (Area Code and Phone Number)

3. FAX NUMBER (504) 837-1174

4. BUSINESS ADDRESS 2450 Severn Ave., Suite 210, Metairie, La. 70001 (Street and No. / City / State / Zip)

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

5. EMPLOYER Louisiana Hospital Association

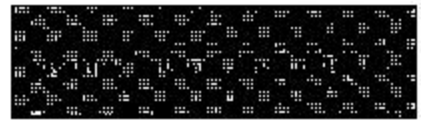
6. EMPLOYER'S ADDRESS 9521 Brookline Ave., Baton Rouge, La. 70809 (Street and No. / City / State / Zip)

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 Louisiana Hospital Association
   Address 9521 Brookline Ave., Baton Rouge, La. 70809
   Business or purpose Healthcare / Hospital trade association
   Does this person pay you? Yes
   If No, who pays you? n/a

HAND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM



2. Name Metropolitan Hospital Council of New Orleans

Address 2450 Severn Ave., Suite 210, Metairie, La. 70001

Business or purpose Healthcare / Hospital trade association

Does this person pay you? No

If No, who pays you? Louisiana Hospital Association

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