EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _____

(Fill in year.)

37

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1/3/08

Ren-08
Postal Money order
#1160885 7448
$110.00

ack ✓

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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 WALKER (Last) Lemmie (First) D. (MI)

2. BUSINESS PHONE (225) 315-1085 (Area Code and Phone Number)

3. FAX NUMBER ——

4. BUSINESS ADDRESS P.O. BOX 15865 (Street and No.) BATON ROUGE (City) LA (State) 70895 (Zip)

MAILING ADDRESS P.O. BOX 15865 (Street and No.) BATON ROUGE (City) LA (State) 70895 (Zip)

5. EMPLOYER SELF - Lemmie WALKER & ASSOC.

6. EMPLOYER'S ADDRESS SAME AS ABOVE (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 LA NURSING HOME ASSOCIATION

Address 7844 OFFICE PARK BLVD.

Business or purpose LONG TERM CARE

Does this person pay you? yes

If No, who pays you? _____

HAND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM

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2. Name OPTOMETRY ASSOCIATION OF LOUISIANA

Address 115 NORTH 13TH ST., OAKDALE, LA 71463

Business or purpose HEALTH CARE (Eye)

Does this person pay you? yes

If No, who pays you?

3. Name CLASS REPRESENTATIVES (BOUDREAUX VS. LA. DEPT TRANSPORTATION & DEVELOPMENT)

Address 900 J.W. DAVIS DR., HAMMOND, LA 70403

Business or purpose LITIGATION SETTLEMENT

Does this person pay you? yes

If No, who pays you?

4. Name CALIFORNIA PROVIDERS INSURANCE AGENCY LLC

Address 2045 HWY 59, MANDEVILLE, LA 70448

Business or purpose INSURANCE

Does this person pay you? yes

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