EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

466

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 2-15-08

Ren. 08
ck# 2792
$110

ack ✓

3071309

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 Ross (Last) Paula (First) K (MI)

2. BUSINESS PHONE 225-930-7725 (Area Code and Phone Number)

3. FAX NUMBER 225-930-7777

4. BUSINESS ADDRESS 7884 Office Park Blvd (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS 7884 Office Park Blvd, Suite 200 (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

5. EMPLOYER AT&T Operations, Inc. (parent AT&T Inc.)

6. EMPLOYER'S ADDRESS 7884 Office Park Blvd, Suite 200 (Street and No.) Baton Rouge (City) LA (State) 70809 (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 AT&T Inc. and its Affiliates and Subsidiaries

Address 7884 Office Park Blvd, Suite 200, Baton Rouge, LA 70809

Business or purpose Telecommunications Sales and Service

Does this person pay you? no

If No, who pays you? AT&T Operations, Inc.

HAND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM

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 _____

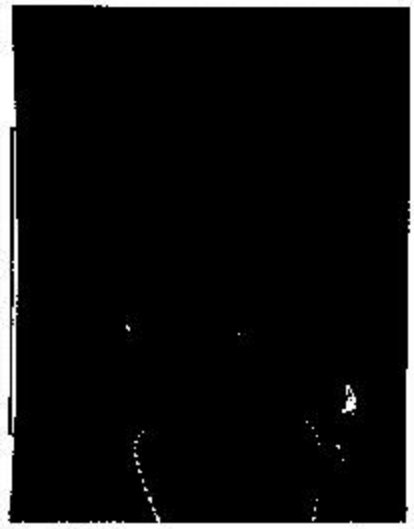
   Address _____

   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.

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Signature of Lobbyist