EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

84
Executive Lobbyist Registration No.

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.

FOR OFFICE USE ONLY
Postmark Date: 2/11/08
Supp. 08
3071361

1. NAME Patterson (Last) Dickie (First) W. (MI)

NAME CHANGE N/A (Last) (First) (MI)

2. BUSINESS PHONE 225-381-7009 (Area Code) Phone Number

3. FAX PHONE 225-343-3612

4. BUSINESS ADDRESS 301 North Main St. Suite 810 Baton Rouge, LA 70825 (Street and No.) (City) (State) (Zip)

MAILING ADDRESS same (Street and No.) (City) (State) (Zip)

5. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz

6. EMPLOYER'S ADDRESS same (Street and No.) (City) (State) (Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes____ 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 Educational Testing Service (ETS)
Address 1800 K Street, N.W. Washington DC 20006
Business or purpose testing service

☑ New Representation
Does this person pay you? yes
If No, who pays you?____

☐ Terminated Representation as of ____

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2) Name ArmorGroup North America, Inc
Address 1420 SpringHill Rd., Suite 300 McLean, VA 22102
Business or purpose risk management service

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 2/1/08

3) Name APS Healthcare Inc
Address 8403 Colesville Rd Silver Spring, MD 20910
Business or purpose Healthcare

☑ New Representation
Does this person pay you? Yes

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