EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

720
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 3/24/08

Reg -08
Ck# 7540
$110.00

3071385

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 Fay (Last) Judy (First) Lowell (MI)

2. BUSINESS PHONE 225-752-0258
Area Code and Phone Number

3. FAX NUMBER 225-752-1209

4. BUSINESS ADDRESS 19664 Old Perkins Road East (Street and No.) Baton Rouge (City), LA (State) 70810 (Zip)

MAILING ADDRESS 19664 Old Perkins Road East (Street and No.) Baton Rouge (City), LA (State) 70810 (Zip)

5. EMPLOYER self (Judy Lowell Fay)

6. EMPLOYER'S ADDRESS 19664 Old Perkins Road East (Street and No.) Baton Rouge (City), LA (State) 70810 (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 Woman's Hospital

Address P.O. Box 95009, Baton Rouge, LA. 70895-9009

Business or purpose hospital, health care services

Does this person pay you? yes

If No, who pays you?

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.

_____
Signature of Lobbyist