EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 4/16/08
Supp Terminate

3071445

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.

1. NAME Cook James R.
Last First MI

NAME CHANGE _____
Last First MI

2. BUSINESS PHONE (404) 829-0829
(Area Code) Phone Number

3. FAX PHONE (404) 829-6301

4. BUSINESS ADDRESS Suite 4C18, 2180 Lake Blvd, Atlanta, GA 30319
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

5. EMPLOYER AT&T Operations, Inc.

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 AT&T Inc and its Affiliates and Subsidiaries

Address Same

Business or purpose Telecommunications Sales and Services

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of April 11, 2008

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2) Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

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