EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

766
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 4/28/08
Leg-08
CK#1218
$110.00

0071499

SCANNED
MAY 29 2008
By:

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 Legendre (Last) Richard (First) A. (MI)

2. BUSINESS PHONE 504-834-4738 (Area Code and Phone Number)

3. FAX NUMBER 504 828-4137

4. BUSINESS ADDRESS 110 Veterans Blvd. S. 103-A (Street and No.) Metairie (City) LA (State) 70005 (Zip)

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

5. EMPLOYER The Livingston Group

6. EMPLOYER'S ADDRESS 499 S. Capitol St., S.W. S. 600 (Street and No.) Washington (City) D.C. (State) 20003 (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 AZTEC SOFTWARE

Address 51 Commerce St. Springfield, N.J. 07081

Business or purpose Educational Software

Does this person pay you? Yes

If No, who pays you?

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name West Jefferson Medical Center

   Address 1101 Medical Center Dr. Marrero, LA 70005

   Business or purpose HEALTH CARE

   Does this person pay you? Yes

   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.

Richard A Legendre

Signature of Lobbyist

Form 504, Rev. 7/04

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