EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

872
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 5/9/08
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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 Pierre (Last) Markley (First) W (MI)

NAME *CHANGE* _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE (318) 675-0116 (Area Code) Phone Number

3. FAX PHONE (318) 675-0117

4. BUSINESS ADDRESS 401 Market St., Ste. 550, Shreveport, LA 71101 (Street and No. / City / State / Zip)

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

5. EMPLOYER Southern Strategy Group of NLA, LLC

6. EMPLOYER'S ADDRESS 401 Market St., Ste. 550, Shreveport, LA 71101 (Street and No. / City / State / Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

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 Louisiana Independent Pharmacies Association

Address 637 St. Ferdinand, Baton Rouge, LA 70802

Business or purpose organization made up of independent pharmacists

☒ New Representation
Does this person pay you? NO

If No, who pays you? Southern Strategy Group of NLA, LLC

☐ Terminated Representation as of _____

HAND DELIVERED

EXECUTIVE LOBBYING
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Executive Lobbyist Registration No.

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.

Marky H. Pierre
Signature of Lobbyist