EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 8/13/08

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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 Privette (Last) Warren (First) R (MI)

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

2. BUSINESS PHONE 318-451-3655 (Area Code) Phone Number

3. FAX PHONE 225-637-3022

4. BUSINESS ADDRESS 8134 Hwy 77 (Street and No.) Fordoche (City) LA (State) 70732 (Zip)

MAILING ADDRESS P.O. Box 184 (Street and No.) Fordoche (City) LA. (State) 70732 (Zip)

5. EMPLOYER Privette & Associates LLC

6. EMPLOYER'S ADDRESS Same (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 Roy O. Martin Lumber Co.

Address P.O. Box 1110 Alexandria, LA 71309

Business or purpose Forest Products Mtg, Land-Timber, Minerals

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of Aug 11, 2008

SCANNED
AUG 22 2008
By: [signature]

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2) Name Allen Parish Police Jury

Address 602 Court St. Oberlin, La 70655

Business or purpose Parish Government

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of Aug 11, 2008

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.

Warren R. Rivette Sr.
Signature of Lobbyist