EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

FOR OFFICE USE ONLY
Postmark Date: 10/29/08
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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) Markey (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 (Street and No.) Shreveport (City) LA (State) 71101 (Zip)

MAILING ADDRESS 401 Market St. Ste 550 (Street and No.) Shreveport (City) LA (State) 71101 (Zip)

5. EMPLOYER Southern Strategy Group-NLA, LLC

6. EMPLOYER'S ADDRESS 401 Market St. Ste. 550 (Street and No.) Shreveport (City) LA (State) 71101 (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 Production Consultants
Address 9595 Mansfield Road Ste. 102
Business or purpose A film company production

☒ New Representation
Does this person pay you? _____
If No, who pays you? Southern Strategy Group-NLA, LLC

☐ Terminated Representation as of _____

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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