

LOBBYIST REGISTRATION FORM

Please print or type

If registering to lobby only public servants of state government* file with:
Mark Martin, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

For assistance in completing this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Toll Free (800) 422-7773

*Lobbyists who lobby public servants of (i) municipal government, (ii) county government, (iii) a governmental body covering a district which includes all or part of more than one county, or (iv) more than one type of governmental body should review Ark. Code Ann. § 21-8-602 to determine where to make their filings.

Registration for 2012
(year)

Check if this is an amended registration

Entity to be Lobbied

Check each applicable box

- | | |
|---|---|
| <input checked="" type="checkbox"/> Members of the General Assembly | <input checked="" type="checkbox"/> Public Servants of State Government |
| <input checked="" type="checkbox"/> Public Servants of County Government <u>Pulaski</u> | _____ |
| | Name of County |
| <input checked="" type="checkbox"/> Public Servants of Municipal Government _____ | _____ |
| | Name of Municipality |
| <input type="checkbox"/> Public Servants of Other Governmental Body _____ | _____ |
| (e.g., School District, Improvement District) | Name of Governmental Body |

Type of Registration

Check only one box

- Individual Lobbyist Firm

Name of individual lobbyist or firm P. Mark White

Address 601 Gaines St.

City Little Rock State AR Zip 72201 Phone (501) 378-2208

If registering as a firm, list the name of a contact person: _____

If registering as a firm, list the name of each person who is authorized to lobby for the firm:

Print Name _____ Signature on file

Print Name _____ Signature on file

Print Name _____ Signature on file

Print Name _____ Signature on file

Print Name _____ Signature on file

Print Name _____ Signature on file

Print Name _____ Signature on file

Client/Employer
List each client or employer for whom you lobby
All information must be complete

Name of Client/Employer	Mailing Address	Phone	Type of Business/Entity
Arkansas Blue Cross and Blue Shield	601 Gaines St. Little Rock, AR 72201 U. S.	(501) 378-2000	
HMO Partners	P. O. Box 8069 Little Rock, AR 72203 USA	(501) 378-2000	
Pinnacle Business Solutions, Inc.	515 W. Pershing North Little Rock, AR 72114 U. S.	(501) 210-9000	
USAbLe Corporation	P. O. Box 2181 Little Rock, AR 72203-2181 US	(501) 378-2000	

I certify that I have examined this lobbyist registration form and the information contained herein is true and correct.

on file
 Signature of Individual Lobbyist/Contact Person for Firm

 Date