

LOBBYIST NOTICE OF TERMINATION

To be filed with public official with whom the lobbyist is registered

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

1. NAME OF INDIVIDUAL LOBBYIST OR FIRM: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

PHONE: _____

2. DATE OF TERMINATION: _____

3. LOBBYING ACTIVITIES:

NO ACTIVITY TO BE REPORTED (Check if you have already reported all lobbying activity for the period during which registration was in effect; file this page only)

REMAINING ACTIVITY DISCLOSED ON ATTACHED REPORT (Check if you have lobbying activity which has not already been reported; attach report disclosing all unreported lobbying activity for the period during which registration was in effect)

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

Signature of Individual Lobbyist or Contact Person for Firm