



WAYNE COUNTY
BOARD OF ETHICS

LOBBY REGISTRATION

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. REGISTRANT'S NAME (Only one person may register with this form) <div style="text-align: center; margin-top: 5px;">NaphCare, Inc.</div>		
2. TYPE OF FILING <div style="display: flex; align-items: flex-start; margin-top: 5px;"><div style="margin-right: 10px;"><input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> Registering as a LOBBYIST <input type="checkbox"/> Registering as a LOBBYIST AGENT <input type="checkbox"/> AMENDMENT</div><div><small>Registration (ID number will be assigned by this office) (see definition on reverse of form) (see definition on reverse of form) to existing Registration. Item(s) being amended: _____</small></div></div>		
3a. MAILING ADDRESS (All mail will be sent to this address) <div style="margin-top: 10px;">2090 Columbiana Road, Suite 4000 Birmingham, AL 35216</div> <div style="margin-top: 10px;">Email: <u>kgoidel@naphcare.com</u> Telephone Number: <u>(205) 536-8400</u></div>		
3b. BUSINESS ADDRESS (If different than item 3a) <div style="margin-top: 10px; text-align: center;">same as above</div> <div style="margin-top: 10px;">Telephone Number: _____</div>	3c. RESIDENTIAL ADDRESS (for individuals only) <div style="margin-top: 10px; text-align: center;">not applicable</div> <div style="margin-top: 10px;">Telephone Number: _____</div>	
4. DATE BECAME ACTIVE (see registration requirements on reverse) <div style="display: flex; align-items: center; margin-top: 10px;"><div style="text-align: center; margin-right: 20px;">June 4 2021 <small>Month Day Year</small></div><div style="text-align: center;">DATE REQUIRED</div></div>		5. LOBBYIST FISCAL YEAR <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>FROM: Jan 1 2022</div><div><small>Month Day Year</small></div></div><div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>TO: Dec 31 2022</div><div><small>Month Day Year</small></div></div></div>
6. EMPLOYEE'S NAME & ADDRESS (see registration requirements on reverse) <div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE</div><div>Capitol Relations, LLC 28470 Thirteen Mile Road, Suite 220 Farmington Hills, MI 48334 (under contract with NaphCare, Inc.)</div></div></div>		
7. VERIFICATION I certify that all reasonable diligence was used in preparation of the above form, and the contents are true and accurate, to the best of my knowledge. If filing electronically, I further agree that the signature below will serve as the signature verifying that all reasonable diligence was used in preparation of all electronically filed reports and their contents are true and accurate to the best of my knowledge. <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><u>Bradford T. McLane</u> <small>Type or Print Name of AUTHORIZED SIGNATORY</small></div><div style="width: 35%; text-align: right;"><small>(All mail will be directed to the signatory's attention)</small></div></div><div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div style="width: 50%;"> <small>SIGNATURE</small></div><div style="width: 45%; text-align: right;"><div style="display: flex; justify-content: space-between; margin-bottom: 5px;">December162021</div><div style="display: flex; justify-content: space-between;"><small>Month</small><small>Day</small><small>Year</small></div></div></div></div></div>		