



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) <i>Hegira Programs, Inc</i>	
2. TYPE OF FILING <input type="checkbox"/> ORIGINAL Registration (ID number will be assigned by this office) <input checked="" type="checkbox"/> Registering as a LOBBYIST (see definition on reverse of form) <input type="checkbox"/> Registering as a LOBBYIST AGENT (see definition on reverse of form) <input type="checkbox"/> AMENDMENT to existing Registration. Item(s) being amended: _____	
3a. MAILING ADDRESS (All mail will be sent to this address) <i>37450 Schoolcraft Road, Suite 110</i> <i>Livonia, MI 48150</i> Email: <i>hpi@hegira.net</i> Telephone Number: <i>734-458-4601</i>	
3b. BUSINESS ADDRESS (If different than item 3a) Telephone Number: _____	3c. RESIDENTIAL ADDRESS (for individuals only) Telephone Number: _____
4. DATE BECAME ACTIVE (see registration requirements on reverse) <i>9 - 5 - 17</i> Month Day Year DATE REQUIRED	5. LOBBYIST FISCAL YEAR FROM: <i>1 - 1 - 17</i> Month Day Year TO: <i>12 - 31 - 17</i> Month Day Year
6. EMPLOYEE'S NAME & ADDRESS (see registration requirements on reverse) NOTE: Completing this item DOES NOT register or terminate any person as a Lobbyist or a Lobbyist Agent. Employees meeting the definition of a Lobbyist or Lobbyist Agent at any time must register separately. <input checked="" type="checkbox"/> ADD <i>J. Khuder Associates, LLC</i> <input type="checkbox"/> DELETE <i>P.O. Box 757</i> <input type="checkbox"/> ADD <i>South Lyon, MI 48178</i> <input type="checkbox"/> DELETE	
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. <i>EDWARD FERRY</i> _____ (All mail will be directed to the signatory's attention) Type or Print Name of AUTHORIZED SIGNATORY <i>[Signature]</i> SIGNATURE Month <i>9</i> Day <i>5</i> Year <i>17</i>	