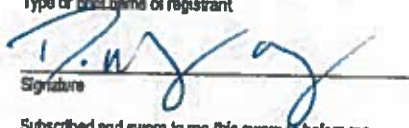
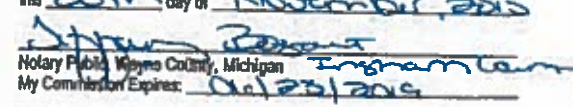


**CITY OF DETROIT
LOBBYIST REGISTRATION**
(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

1. REGISTRANT'S NAME (Only one person may register with this form) Douglas Mains	2. REGISTRANT'S ID NUMBER 2015-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 201 Townsend St., Ste. 900 Lansing, MI 48933	4. TELEPHONE NUMBER(S) (517) 374-9100 ()	
5. TYPE OF LOBBYIST (Check all applicable boxes.) <ul style="list-style-type: none"> <input type="checkbox"/> Registered lobbyist under Federal Law <input checked="" type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse) 		
6. NAME AND ADDRESS OF CLIENT(S) National Patients Rights Association c/o Adam MacDonald 15837 Mack Ave Detroit, MI 48224		
7. VERIFICATION I swear, or affirm, that: a) During one (1) year preceding this registration, I have not held the position of Mayor, member of the City Council, City Clerk, appointive officer, or any member of a board, commission or other voting body that is established by either branch of City government or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a City appointee or City employee, or an individual who provided services to the City pursuant to a personal services contract, and b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. Douglas Mains Type or print name of registrant  Signature Subscribed and sworn to me this sworn to before me this 20th day of November, 2015  Notary Public, Wayne County, Michigan My Commission Expires: 12/23/2015		
FOR OFFICIAL USE ONLY:		
DATE OF ANNUAL REGISTRATION Month: Day: Year:	THIS REGISTRATION IS VALID From: 12-7-2015 To: 12-6-2016	Amount of fee paid: 375.00 Date of payment: 12/1/15

OFFICE OF THE
 DETROIT CITY CLERK
 2015 DEC -7 A 11:43

**CITY OF DETROIT
SUPPLEMENT TO LOBBYIST REGISTRATION
TO ADD OR REMOVE CLIENTS**

1. LOBBYIST'S NAME DOUGLAS MAINS	2. LOBBYIST'S ID NUMBER 2015-1
3. BUSINESS ADDRESS (All mail will be sent to this address) 201 TOWNSEND ST., STE. 900 LANSING, MI 48933 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (517) 374-9100 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX
5. NAME AND ADDRESS OF CLIENT(S) <input checked="" type="checkbox"/> Effective <u>March 16</u> , 2016, I do not represent the following client(s): <p align="center">NATIONAL PATIENTS RIGHTS ASSOCIATION</p> <input type="checkbox"/> Effective _____, _____, I represent the following client(s):	
6. VERIFICATION <p>I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.</p> <p><u>Douglas Mains</u> Type or print name of lobbyist</p> <p><u>[Signature]</u> Signature of lobbyist</p> <p>Subscribed and sworn to me this sworn to before me this <u>16th</u> day of <u>March</u> 2016</p> <p><u>Tiffany Bogart</u> Notary Public, Wayne County, Michigan My Commission Expires: <u>06/15/2019</u></p> <p align="right">TIFFANY BOGART NOTARY PUBLIC, STATE OF MI COUNTY OF RICHAM MY COMMISSION EXPIRES Jun 23, 2019 ACTING IN COUNTY OF <u>Ingham</u></p>	
PDR OFFICIAL USE ONLY: Signature of payee: <u>[Signature]</u> Date of payment: <u>3/21/16</u>	

SUPPLEMENT V 11-23
 DETROIT, MICHIGAN
 DECEMBER 2015

