



Print Name Luke Mattingly

Signature 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 or Entity |
|-------------------------|---|----------------|----------------------------|
| CareLink                | PO Box 5988,<br>North Little Rock, AR 72119 | (501) 372-5300 | Healthcare                 |

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

Luke Mattingly, Signature on File

**Signature of Contact Person for Firm**

01/05/2026

**Date**