

LOBBYIST ANNUAL REPORT FORM

THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Ben Yursa
Secretary of State

To Be Filed By:
L-2 LOBBYISTS
(Sec. 67-6619)

2003 AUG 15 AM 8:45
STATE OF IDAHO

(Type or print clearly)
See instructions at bottom of page

Lobbyist's name and permanent business address G. Kent Taylor 401 Second St. N., Suite 201 Twin Falls, ID 83301	Date prepared July 23, 2003	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 03
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Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	Total Expenditure	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 0.00	\$	\$	\$	\$
Food and Refreshment	0.00				
Living Accommodations	0.00				
Advertising	0.00				
Travel	0.00				
Telephone	0.00				
Office Expenses	0.00				
Other Expenses or Services	0.00				
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	
	N/A			

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Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Annual report is due on January 31st.</p> <p>TO BE FILED WITH:</p> <p align="center">Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<p>Item 3</p> <p>Employer(s) Name(s) and Address(es)</p>
	<p>No. 1 Magic Valley Regional Medical Center 650 Addison Avenue W., Twin Falls, ID 83301</p>
	<p>No. 2</p>
	<p>No. 3</p>
	<p>No. 4</p>

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

Item 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	
17	General		

LEGISLATIVE SUBJECT IDENTIFICATION			
Code	Subject	Code	Subject
01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
02	Amusements, games, athletics and sports	18	Higher education
03	Banking, finance, credit and investments	19	Housing, construction, codes
04	Children, minors, youth, senior citizens	20	Insurance (excluding health insurance)
05	Church and religion	21	Labor, salaries and wages, collective bargaining
06	Consumer affairs	22	Law enforcement, courts, judges, crimes, prisons
07	Ecology, environment, pollution, conservation, zoning, land and water use	23	License, permits
08	Education	24	Liquor
09	Elections, campaigns, voting, political parties	25	Manufacturing, distribution and services
10	Equal rights, civil rights, minority affairs	26	Natural resources, forest and forest products, fisheries, mining and mining products
11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27	Public lands, parks, recreation
12	Government, county	28	Social insurance, unemployment insurance, public assistance, workmen's compensation
13	Government, federal	29	Transportation, highways, streets and roads
14	Government, municipal	30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas
15	Government, special districts	31	Other (please specify) _____
16	Government, state		

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

A.V. [Signature] 07/23/03
 Lobbyist signature Date

[Signature] _____
 Employer No. 1 signature Date

 Employer No. 2 signature Date

 Employer No. 3 signature Date

 Employer No. 4 signature Date