LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page___ of ___Page(s)
THIS SPACE FOR OFFICE USE ONLY

OS MAR 10 PH 3: 43

			early in black ink) at bottom of page	SEC	TATE OF	IDAH	0				
Lobbyist's name and permanent business address Northan Helm 5806 Track Road						Dat	3/10/05		Period covered month ending (Mo.) (Day) (Yr.)		
Nampa, ID			183686						2	28 05	
Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.											
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			* Total Amount for All Employers	Item 3, at bottom of		of pag					
Do Not Have to be Reported				Employer No. 1		1	Employer No. 2	Employer N	No. 3	Employer No. 4	
Entertainment Food and Refreshment			\$ 11.25	\$ 11.25		_	\$	\$		\$	
Living Accommodations											
Advertising			0	ON AR							
Travel			77.50	7	2.00)]		
Telephone			33 00	_3	3.0	0					
Other Expenses or Services			10.25	10.25		5_					
		Total	\$ 126.50	s126.50			\$	\$		\$	
*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.											
The totals of each expenditure of more than fifty dollars (\$50) for a leg											
2 Date Place -None-			Amou		iount	rames	r Legisiators & I	uone on	ilenia il Group		
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Continued on attached page(s)											
INSTRUCTIONS						Item 3	ı En	nployer(s) Name(s) and Address(es)			
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.						No.1	SFW-ID P. D. Box 3100 Nanpa, ID 83653				
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.										-	
TO BE FILED WITH: Ben Ysursa						No.3					
Secretary of State PO Box 83720											
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No.4					

4 personal property to any Legislator, or for	the lobbyist's employer in the nature of contributions of money or other tangible or intangible or on behalf of any legislator.						
Date Amount	Name of Legislator Receiving or Benefited						
None-							
Subject matter of proposed legislation, the number of House Bill, Resolution or other legislative a							
the Lobbyist was supporting or opposing.	Code Subject Code Subject						
Subject Code Bill, Resolution or Other Appropriati	Other Signet Come Subject Insurance, hospitals Insurance, cockluding health insurance) Other Signet Come Subject Insurance, Cockluding health insurance) Other Signet Come Subject Insurance, Insurance, codes Insurance, Insurance, Cockluding health insurance) Other Signet Come Subject Insurance, Insuranc						

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

Lobbyist signature

Date