LOBBYIST REPORT FORM

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Date prepared

12/31/2007

Page ____of ___Page(s)
THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Ben Ysursa Secretary of State

Lobbyist's name and permanent business address

Larry W. Cope

P 0 Box 712

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

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

Period covered year ending

(Mo.) (Day) (Yr.)

Buhl ID 83316-0712 12 31 07 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel *Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 4 Employer No. 3 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0 0 0 0 0 Total *When the number of employers you are reporting for requires multiple L-2 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 legislator, other holder of public office, and executive officials. Item 2 Place Names of Legislators, Public and Executive Officials in Group Date Amount

Date Place Amount Names of Legislators, Public and Executive Officials in Group

Continued on attached page(s) \$ 0

Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Clear Spring foods Who should file this form: Any lobbyist registered under Section No. 1 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. No. 2 Executive Lobbyist semi-annual report due July 31st. TO BE FILED WITH: Ben Ysursa No. 3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

Item 4				ator, Public or Executive Of	by the lobbyist's employer in the nature of contributions of money or other tangible or intangible blic or Executive Official or for or on behalf of any Legislator, Public or Executive Official.				
	Date	e	Amount	Nar	Name of Legislator, Public or Executive Official Receiving or Benefiting				
Item 5	or Hous the Lobi	e Bill, Res byist was s Bill, Resolu	olution or other supporting or op ution or Other	Appropriation Bill Number	Code 01	LEGISLATIVE SUB Subject Agriculture, horticulture,		Subject Health service, medicine, drugs	
(from ta	table) L	egislative	Ident. Number	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)	
Item 6	contra	act bid or		decision, procurement, ancial services agreement or	-	ERTIFICATION: I hereby certify the prect statement in accordance with			
	Join 1	ioooyist wa	is supporting Of	оррозив.	En	nployer No. 1 signature		Date	
					En	nployer No. 2 signature		Date	
					En	nployer No. 3 signature		Date	

Employer No. 4 signature

Date