Rev. 0	6/2006		LOBBYI	ST ANI	NUAI	L RI	EPC	ORT FORM		-	e		age(s)
SEA.	allan a	State of Idah	10 T	o Be Filed	By:	-				THE	S SPACE	FOR OFFICE USE	ONLY
		Ben Ysursa Secretary of S	ı	L-2		BYIS 67-60						-2 PM 2	
		(Type or print clea		Annual]s	emi-Annu	al			RY OF S OF IDA	
Lobbyig	et's name a	See instructions at nd permanent busine	t bottom of page				ate nr	epared			Period	covered	
	olas G.	•	35 duaress				ate pi	opulou				year endir	ıg
		ell Ennis & Hav	vley LLP					January 2,	2008		_		-
	Box 16							bandary 2,	2000		(Mo.) 12) (Day) 31	(Yr.) 2007
	<u> </u>	83701-1617											
Item 1			ble expenditures made or		-	-			-				/er
Reiml	bursed Perso	f Expenditure nal Living and Travel	*Total Amount for	Proportion Item 3, at				uted by each empl	loyer (Ide	entify em	nployer	s, under	
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer No. 1		1 Employer N		Employer No. 2	Employer 1		o. 3 Employer No. 4		No. 4
	ainment nd Refres	hment	s0.00	\$			\$_		\$			\$	
Living	Accommo	odations											
Advert	ising			·									
Travel													
Teleph													
Other I	Expenses	or Services					-						
		Total	\$0.00	s	0.0	00	<u>s</u> _	0.00	s	(0.00	\$	0.00
*When	the numb	er of employers you	are reporting for require	s multiple :	L-2 forr	ns to	 be file	ed a total amount	 for all e	mployers	s should	 d be entered c	on Page 1.
Item 2	_	als of each expendi	ture of more than fifty d	ollars (\$50	1		_	ther holder of pu Names of Legis					- C
	Date		Place		A	mount		Names of Legis	lators, Pu	one and	Execut	uve Officials	in Group
	None												
	Continued	on attached page(s)											
INSTRUCTIONS							Item Employer(s) Name(s) and Address(es)						
	io should 6617 Idah		ny lobbyist registered u	nder Sectio	מי	No.	3	laho Health F 607 W. Jeffer			-	3702-5111	l
Fili	ing dead		t is due on January 31st bbist semi-annual report		31st.	No.	2						
TO BE FILED WITH: Ben Ysursa Secretary of State							3					_	
	H	PO Boise, I	Box 83720 ID 83720-0080 852 Fax: (208) 334-22	282		No.	4						

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4 pers	onal propert	made by the lobbyist or by the lobb perty to any Legislator, Public or Execu-		ist's employer in the nature of contributions of money or other tangible or intangible ive Official or for or on behalf of any Legislator, Public or Executive Official.							
Non	e	Amount	Nan	ne of Legislator, Public or Executive Offic	cial Receiving or Benefiting						
or H	ouse Bill, Res obbyist was Bill, Resol	solution or other supporting or opp	on, the number of the Senate legislative activity in which bosing. Appropriation Bill Number and Section Number	LEGISLATIVE SUB Code Subject 01 Agriculture, horticulture, farming, and livestock 02 Amusements, games, athletics and sports 03 Banking, finance, credit and investments 04 Children, minors, youth, senior citizens 05 Church and religion 06 Consumer affairs 07 Ecology, environment, pollution, conservation, zoning, land and water use 08 Education 09 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, state	 JECT IDENTIFICATION Code Subject Health service, medicine, drugs 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 Social insurance, unemployment insurance, 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)						
6 ^{cor}	ntract bid or l		cision, procurement, cial services agreement or pposing.	CERTIFICATION: I hereby certify the correct statement in accordance with S NUMANA AND A Kobby ist signature Employer No. 1 signature Employer No. 2 signature Employer No. 3 signature							
				Employer No. 4 signature	Date						

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