

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Yursa
Secretary of State

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

RECEIVED FEB -5 AM 9:33

SECRETARY OF STATE
OFFICE OF ID

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lobbyist's name and permanent business address John Boddew Magic Valley Rehabilitation Services 484 Eastland DRIVE South Twin Falls, ID 83301 | Date prepared <p style="text-align: center; font-size: 1.2em;">1-31-07</p> | Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <p style="text-align: center; font-size: 1.2em;">1 31 07</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Item 1 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.

| Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small> | *Total Amount for All Employers | 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 | \$ <u>0</u> | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Food and Refreshment | \$ <u>0</u> | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Living Accommodations | \$ <u>0</u> | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Advertising | \$ <u>0</u> | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Travel | \$ <u>0</u> | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Telephone | \$ <u>0</u> | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Other Expenses or Services | \$ <u>10.00</u> | \$ <u>10.00</u> | \$ _____ | \$ _____ | \$ _____ |
| Total | \$ <u>10.00</u> | \$ <u>10.00</u> | \$ _____ | \$ _____ | \$ _____ |

*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.

Item 2 The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.

| Date | Place | Amount | Names of Legislators, Public and Executive Officials in Group |
|------|-------|--------|---------------------------------------------------------------|
| NONE | NONE | NONE | NONE |

Continued on attached page(s)

| INSTRUCTIONS Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; text-align: center;">Item 3</th> <th style="text-align: center;">Employer(s) Name(s) and Address(es)</th> </tr> <tr> <td style="text-align: center;">No. 1</td> <td>Magic Valley Rehabilitation Services 484 Eastland Drive South TWIN FALLS, ID 83301</td> </tr> <tr> <td style="text-align: center;">No. 2</td> <td> </td> </tr> <tr> <td style="text-align: center;">No. 3</td> <td> </td> </tr> <tr> <td style="text-align: center;">No. 4</td> <td> </td> </tr> </table> | Item 3 | Employer(s) Name(s) and Address(es) | No. 1 | Magic Valley Rehabilitation Services 484 Eastland Drive South TWIN FALLS, ID 83301 | No. 2 | | No. 3 | | No. 4 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------|-------|---------------------------------------------------------------------------------------------------------------|-------|--|-------|--|-------|--|
| Item 3 | Employer(s) Name(s) and Address(es) | | | | | | | | | | |
| No. 1 | Magic Valley Rehabilitation Services 484 Eastland Drive South TWIN FALLS, ID 83301 | | | | | | | | | | |
| No. 2 | | | | | | | | | | | |
| No. 3 | | | | | | | | | | | |
| No. 4 | | | | | | | | | | | |

| | | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------|
| 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, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official. | | |
| | Date | Amount | Name of Legislator, Public or Executive Official Receiving or Benefiting |
| | | NONE | NONE |

| | | | |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| 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 | |
| 11 | NONE | NONE | |
| 31 | NONE | NONE | |

| 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) <i>Rehabilitation</i> |
| 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.

| | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Item 6 | Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing. |
| | 47-0102 -0601 |

John Bodden _____ 1-31-07
 Lobbyist signature Date