

## State of Idaho

Ben Ysursa Secretary of State

LOBB	YIST	<b>REPORT</b>	<b>FORM</b>

	1	ANNUAL
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To Be Filed By

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		Type or print cle			L-2	(Sec.	. 67-6					TARY O TE OF IC	F STATE DAHO
Lobbyis	t's name and p	ermanent busine	ss address		-		Dat	e prepare	ď		Period	covered	
	Nielsen											/ year er	nding
	4 NE 209th		ngene								(Mo.	) (Day	) (Yr.)
Diusi	i Flaille, W	/ashington	90000				1				12	31	2008
Item	Totals	s of all reporta	hle expen	ditures made o	or incurred b	hy Labby	vist or	by Lobi	nvist's Emn	lover on be			
	itegory of Ex			- Trace	Maria						tify employers		
Reimb	ursed Personal I.	iving and Travel	1 .	l Amount for Employers	Item 3, at								
Expenses Pertaming to Lobbying Activity Do Not Have to be Reported  Entertainment Food and Refreshment		2	Employer No. 1			Employer No 2		Employer No 3		Employer No. 4			
		ant	\$	0.00	\$	0.00	0	\$		\$		S	
	Accommoda			0.00	.D	0.00		.D		J		J .P	
Advert		tions		0.00		0.00							
Travel	ising			0.00		0.00							
Telepho	nna.			25.00		25.00	i						
•	Expenses or S	Services		0.00		0.00		***************************************				***************************************	
		Total	s	25.00	s	25.00	)	s	0.00	s	0.00	s	0.00
*When	the number of	employers you a	 are reportin	ng for requires m	 ultiple L-2 fo	orms to be	filed	a total am	ount for all e	 mployers sl	nould be entere	 d on Page 1	l.
		of each expended of their house		more than seve	enty-five do	llars (\$7	5) for	a legisl	ator, other	nolder of p	oublic office.	executive	officials and
Item-	member(s)	of their nouse			-				Names of	Legislators	s, Public and E	recutive Of	ficials
2	Date		P	lace		Am	ount			and Househ	old Members 1	n Group	
	N/A												
	Continued on a	ttached page(s)			_								
		INST	recti	ONS			Itei 3	n	E	mployer(s)	Name(s) and A	ddress(es)	
	<b>o should file</b> 6617 Idaho C		ny lobbyi	st registered u	nder Section	n	No. 1	Attn: Bri One Me	nune, LLC an M. Rosen dimmune Wa sburg, Marylar	•			
Fili	ng deadline:			n January 31st. mi-annual repo		31st.	No. 2						
от	BE FILED V	F	Ben Ysurs retary of S				No. 3	•					
	PO Box 83720 Boise, ID 83720-0080						No. 4						***************************************

Item 4	prope	erty to any, for any or on b	ehalf of any Legislator, Pub	ne lobbyist's employer in the nature of contributions of money or other tangible or intangible personal my Legislator. Public or Executive Official or Household Member(s).						
	N/A Amount		Name of Legis	lator. Public or Executive Official and Hous	ehold Me	ember(s) Receiving or Benefiting				
ltem 5			ion, the number of the Senate legislative activity in which	LEGISLATIVE SUI	вјест	IDENTIFICATION				
Subject (from N.	the L	obby ist was supporting or op Bill, Resolution or Other Legislative Ident, Number		Code Subject  O1 Agriculture, horticulture farming, and livestock  O2 Amusements, games, athletics and sports  O3 Banking, finance, credit and investments  O4 Children, minors, youth, senior citizens  O5 Church and religion  O6 Consumer affairs  O7 Ecology, environment, pollution, conservation, zoning, land and water use  O8 Education  O9 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, ederal  14 Government, municipal  15 Government, special districts  16 Government, state	21 22 23 24 25 26 27 28 29 30 31	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 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)				
	contraction to the contraction t	y any rule, ratemaking decisi et bid or bid process, financia obbyist was supporting or op rative Rule: Repo Public Health	l services agreement or posing.	CERTIFICATION. I hereby certify the correct statement in accordance with S						
		,		Employer No. 4 signature		Date				