LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) THIS SPACE FOR OFFICE USE ONLY

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

Lobbyist's name and permanent business address	Date prepared	Period cov	vered	
Jeffrey C. Crumrine Magic Valley Rehabilitation Services, Inc.	2/28/2008	XX	month en	ding
P. O. Box 189 Twin Falls, ID 83303-0189		(Mo.)	(Day)	(Yr.)
141174113, 12 33333 3133		2	29	2008

Item Totals of all reportab	ble 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	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)				
Do Not Have to be Reported	All Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4	
Entertainment Food and Refreshment	\$0	\$ 0	\$	\$	\$	
Living Accommodations	0	0				
Advertising	0	0			l	
Travel	0	0				
Telephone	0	0			l	
Other Expenses or Services	0	0				
Total	s0	s0	s	s	s	

*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	The totals o	ne totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.				
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group		
		NONE				
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Continued on attached page(s)				
INSTRUCTIONS		Employer(s) Name(s) and Address(es)		
		Magic Valley Rehabilitation Services, Inc.		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1	P. O. Box 189 Twin Falls, ID 83303-0189		
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.	No. 2			
TO BE FILED WITH: Ben Ysursa Secretary of State	No. 3			
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282				

Item 4				or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible dublic or Executive Official or for or on behalf of any Legislator, Public or Executive Official.				
	Date	Amount	Nar	Name of Legislator, Public or Executive Official Receiving or Benefiting				
Item			NONE	LEGISLATIVE SUE	зјест	IDENTIFICATION		
5		was supporting or or		Code Subject	Code	Subject		
Subject (from 11 31	Code Bill,		Appropriation Bill Number and Section Number NONE NONE	oth Agriculture, horticulture, farming, and livestock 102 Amusements, games, athletics and sports 103 Banking, finance, credit and investments 104 Children, minors, youth, senior citizens 105 Church and religion 106 Consumer affairs 107 Ecology, environment, pollution, conservation, zoning, land and water use 108 Education 109 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, federal 14 Government, municipal 15 Government, special districts 16 Government, state		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) Rehabilitation		
Item 6		cess, financial service opposing.	ision, procurement, contract, es or bond lobbyist was	CERTIFICATION: I hereby certific correct statement in accordance we have a compared to the control of the correct statement in accordance we have a control of the correct statement in accordance with the correct statement in accordance we have a control of the correct statement in accordance with the correct statement in accordance we have a control of the correct statement in accordance with the correct statement in accordance we have a control of the correct statement in accordance with th	•			