

Rev. 05/2008

LOBBYIST REPORT FORM

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State of Idaho

Ben Ysursa
Secretary of State

ANNUAL SEMI-ANNUAL

To Be Filed By:

L-2 LOBBYISTS
(Sec. 67-6619)

10 JAN 27 PM 4:12
STATE OF IDAHO

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

Lobbyist's name and permanent business address Blue Cross of Idaho Health Service, Inc. 3000 E. Pine Avenue Meridian, ID 83642	Date prepared 1/13/10	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr) 12 31 2009
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Item 1 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	\$ 5,962.97	\$ 5,962.97	\$	\$	\$
Food and Refreshment	0.00				
Living Accommodations	0.00				
Advertising	0.00				
Travel	0.00				
Telephone	0.00				
Other Expenses or Services	0.00				
Total	\$ 5,962.97	\$ 5,962.97	\$ 0.00	\$ 0.00	\$ 0.00

*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

Item 2 Date	Place	Amount	Names of Legislator, Public and Executive Officials and Household Members in Group

Continued on attached page(s)


<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.</p> <p>TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<p align="center">Item 3 Employer(s) Name(s) and Address(es)</p> <p>No 1 Julie M. Taylor Blue Cross of Idaho Health Service, Inc.</p> <p>No 2 3000 E. Pine Avenue Meridian, ID 83642</p> <p>No 3</p> <p>No 4</p>
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Item 4

Item 4 is no longer statutorily required.

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.			LEGISLATIVE SUBJECT IDENTIFICATION			
Subject Code (from table)	Bill, Resolution or Other Legislative Ident Number	Appropriation Bill Number and Section Number	Code	Subject	Code	Subject	
17, 20	none	none	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, television, radio, newspaper, power, CATV, gas	
			15	Government, special districts	31	Other (please specify).....	
			16	Government, state			

CERTIFICATION I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-662A Idaho Code.


Date 1/13/10


Date 1/22/09

Employer No. 1 signature Date

Employer No. 2 signature Date

Employer No. 3 signature Date

Employer No. 4 signature Date