

Item

## State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

LOBBYIST MONTHLY REPORT	FORM	
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To Be Filed By:

LOBBYISTS (Sec. 67-6619)

age	/	, _of_	/	Page(s)
HIS SPA	ACE F	OR O	FFIC	E USE ONLY

	SET		o AM	9: 09		
	S	TAIEO	Y OF ST F IDAH(	ATE		
Period covered						
		×	month end	ling		
		(Mo.)	(Day)	(Yr.)		

See instructions at bottom of page Lobbyist's name and permanent business address Date prepared MARK B. WOODS SOUTHERN IDAHO TIMBER PROTECTIVE ASSN. 3/12/2009 555 DEINHARD LANE MCCAU, 12 83638

Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employe

1 Totals of all reportal	the experiorities made of incurred by Lobbyist of 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		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4	
Entertainment Food and Refreshment	sO	sO	\$	s	\$	
Living Accommodations						
Advertising						
Travel	0					
Telephone	0	0				
Other Expenses or Services		00				
Total	s	sO	s	s	s	

\*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.

The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and

Item-	memoer(s) of their nousehold.								
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group					
^,	I/A								

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code		SOUTHERN IDAHO TIMBER PROTECTIVE ASSI 595 DE INHARD LANE MCCALL, ID 83638
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.	No. 2	
TO BE FILED WITH:  Ben Ysursa	No. 3	

Secretary of State PO Box 83720 Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

No. 4

Item 4	property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).					per(s).	
	Date	Amount	Name of Legis	siator, F	ublic of Executive Official and Hou	senoid M	nember(s) Receiving of Benefiting
Item 5	or House	Bill, Resolution or other	ion, the number of the Senate legislative activity in which				IDENTIFICATION
Subject (from	t Code B table) Le	yist was supporting or opposit, Resolution or Other egislative Ident. Number	Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, state	18 19 20 21	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)
6			n, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby certify correct statement in accordance with the corre		