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Kurt G Stemb 295 East 450 I Lindon, UT 84	North				4/13/201	0	(Mo.) (Day) 03 31	(Yr.) 2010
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Category of E Reinbursed Personal	Living and Travel	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					
Expenses Pertaining to Do Not Have to			Employer No	1 Employer No. 2		Employer No. 3 Employer N		r No. 4
Enter ainment Food and Refreshin Living Accommod		\$0.00 	\$	\		\$	\$	
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Who should fil		Ben Ysursa reary of State D Box 83720 ID 83720-0080		GlaxoSmithKline Pharmaceuticals Five Moore Drive, RTP, NC 27709				
	e: Monthly repo ities of the past r			No. 2				
TO BE FILED	Be Secre PO <b>B</b> oise. I			No. 3 No. 4				
Pho	ne: (208) 334-28	52 Fax: (208) 334-22	-					