

Rev. 11/2011
web



State of Idaho

Ben Ysursa
Secretary of State

LOBBYIST REPORT FORM

ANNUAL SEMI-ANNUAL

To Be Filed By:
L-2 LOBBYISTS
(Sec. 67-6619)

Page 2 of 2 Pages
THIS SPACE FOR OFFICE USE ONLY

12 JAN 12 AM 10:52

STATE OF IDAHO

SCANNED

(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 12/30/11	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 30 11
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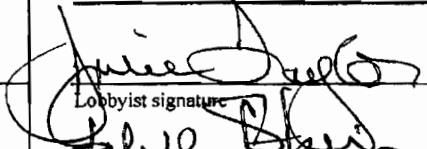
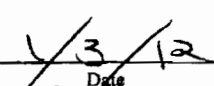
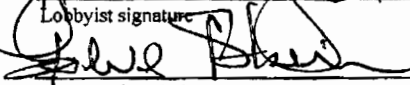
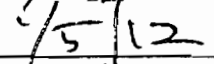
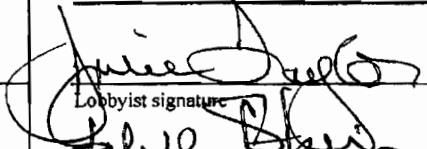
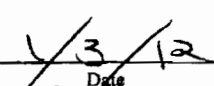
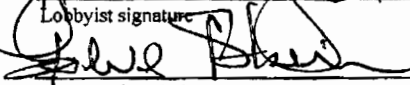
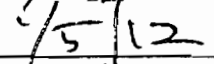
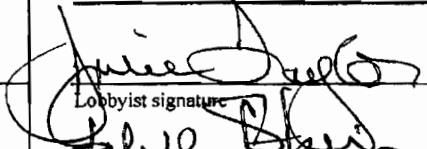
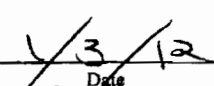
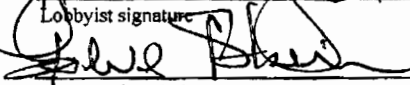
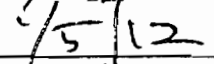
Item 1 Category of Expenditure <i>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</i>	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 2,437.86	\$ 2,437.86	\$	\$	\$
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$ 2,437.86	\$ 2,437.86	\$ 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	The totals of each expenditure of more than one hundred (\$100) for a legislator, other holder of public office, executive officials and member(s) of their household.			
	Date	Place	Amount	Names of Legislators, 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>	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	Blue Cross of Idaho Health Service, Inc.
	No. 2	3000 E. Pine Avenue Meridian, ID 83642
	No. 3	
	No. 4	

Item 4	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																																																																					
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Item 5	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.	<p style="text-align:center;">CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.</p> <hr/> <table style="width:100%; border:none;"> <tr> <td style="width:70%; border-bottom: 1px solid black; text-align:center;">  Lobbyist signature </td> <td style="width:30%; border-bottom: 1px solid black; text-align:center;">  Date </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align:center;">  Employer No. 1 signature </td> <td style="border-bottom: 1px solid black; text-align:center;">  Date </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align:center;"> Employer No. 2 signature </td> <td style="border-bottom: 1px solid black; text-align:center;"> Date </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align:center;"> Employer No. 3 signature </td> <td style="border-bottom: 1px solid black; text-align:center;"> Date </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align:center;"> Employer No. 4 signature </td> <td style="border-bottom: 1px solid black; text-align:center;"> Date </td> </tr> </table>		 Lobbyist signature	 Date	 Employer No. 1 signature	 Date	Employer No. 2 signature	Date	Employer No. 3 signature	Date	Employer No. 4 signature	Date																																																										
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