Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM

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State of Idaho

Ben Ysursa Secretary of State

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

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

14 FEB - 7 AM 10: 47 STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page Date prepared Period covered Lobbyist's name and permanent business address month ending Ed Lodge CenturyLink (Mo.) (Day) (Yr.) 999 Main 11th Floor 02 07 14 Boise.ID 83702 01 31 14 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel All Employers Expenses Pertaining to Lobbying Activity Employer No. 4 Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Entertainment 400.90 400.90 Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 400.90 400.90 0.00 0.00 0.00 Total *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 member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Amount and Household Members in Group Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS CenturyLink No. 1 Who should file this form: Any lobbyist registered under Section 999 Main 11th Floor, Boise, ID 83702 67-6617 Idaho Code Filing deadline: Monthly reports due within fifteen (15) days of the No. 2 month for activities of the past month. TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4

Item 4	Expe	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any, for any or on behalf of any Legislator, Public or Executive Official or Household Member(s).							
•	Date Amount Name of Legi			slator, Public or Executive Official and Household Member(s) Receiving or Benefiting					
Items 5	or Ho	ouse Bill,	Resolution or other	ion, the number of the Senate legislative activity in which	Code	LEGISLATIVE SUI			
	İ		as supporting or opp			Subject Agriculture, horticulture		Subject Health service, medicine, drugs	
Subject (from 3		Legislat	solution or Other ive Ident. Number munications	Appropriation Bill Number and Section Number	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, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30	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	bid or b			n, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby certify to correct statement in accordance with the company of the compa	hat the a	bove is a true, complete and 67-6624 Idaho Code. Date	