						EPORT FOR		Page	_ofPage(s) FOR OFFICE USE ONLY	
CREAT	SELL OF	State of Ida Lawerence Do	ano	To Be Filed B	^{By:} LOBBYIS	STS				
HE		Secretary of	Ĵ.	(Sec. 67-6619)				18 FEB 12 PM 01:27		
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		(Type or print clear See instructions at								
Lobbyist	's name an	d permanent busine			Da	ate prepared		Period c	covered	
	y Chou x 2720				2	2/12/2018			month ending	
	ID 837	01						(Mo.)	(Day) (Yr.)	
								1	31 201	
Item 1	I ofals of all reportable expenditures mad				e or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.					
Reimbu	irsed Person	Expenditure al Living and Travel	*Total Amount for		ate amounts co bottom of pag	ontributed by each emp ge.)	loyer (Identify	employers,	under	
		to Lobbying Activity to be Reported	All Employers	Employ	yer No. 1	Employer No. 2	Employer No. 3		Employer No. 4	
	ainment and Refreshment		\$ \$679.11	\$_\$16.0	ng	\$ \$79.36	\$ \$38.85		\$ \$525.25	
	Accommo		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00	
Adverti			\$0.00	\$0.00	0	\$0.00	\$0.00		\$0.00	
Travel			\$0.00	\$0.00	00	\$0.00	\$0.00		\$0.00	
Telepho	one		\$0.00	\$0.00	00	\$0.00	\$0.00		\$0.00	
Other E	Other Expenses or Services		\$0.00	\$0.00	0	\$0.00			\$0.00	
Total \$_\$679.			<u>\$ \$16.09</u>							
		Total	\$_\$679.11	\$ <u>_</u> \$16.0	09	\$_\$79.36	\$_\$38.85		\$ <u>\$525.25</u>	
*When t		of employers you a	are reporting for requires n	nultiple L-2 fc	orms to be filed	a total amount for all	employers shoul		d on Page 1.	
_	The tota	of employers you a	are reporting for requires n diture of more than one	nultiple L-2 fc	orms to be filed	a total amount for all	employers shoul		d on Page 1.	
*When t Item- 2	The tota and mer	of employers you a	are reporting for requires n diture of more than one ousehold.	nultiple L-2 fc	orms to be filed dollars (\$110	a total amount for all 0) for a legislator, ot Names of	employers should her holder of p	ublic offi	d on Page 1. ce, executive offi cia	
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Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION				
4 Subject (from t 11, 12 23, 29	the I Code table) 2	bobbyist was supporting or op Bill, Resolution or Other Legislative Ident. Number H.B. 496, H.B. 462 H.B. 463, H.B. 458 H.B. 463, H.B. 366 H.B. 365, H.B. 363 H.B. 362		Code 01 02 03 04 05 06 07 08 09 10 11 11 12 13 14 15 16	Subject 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, ederal Government, special districts Government, state	Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Subject 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)
Item 5	bid or	fy any rule, ratemaking decisi bid process, financial service opposing.	on, procurement, contract, s or bond lobbyist was support-		CERTIFICATION: I hereby certify to correct statement in accordance with Electronically signed Lobbyist signature		

Lobbyist Report Form Attachment

Lobbyist's name and permanent business address

Jeremy Chou PO Box 2720 Boise, ID 83701

Employer No.	Entertainment Food & Refreshment	Living Accommodations	Advertising	Travel	Telephone	Other Expenses or Services	Employer Total
No.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No.5 No.6		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00		\$0.00 \$19.56

Employer No.	Employer Name(s)	Employer Address(es)
No.5	Solera Health, Inc.	1018 W. Roosevelt St. Phoenix AZ 85007 USA
No.6	Syringa Networks, LLC	12301 West Explorer Drive Boise ID 83713 USA