

# LOBBYIST ANNUAL REPORT FORM



**State of Idaho**  
Ben Ysursa  
Secretary of State

To Be Filed By:

**L-2** LOBBYISTS  
(Sec. 67-6619)

Page \_\_\_\_\_ of \_\_\_\_\_ Page(s)  
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2007 JAN -8 AM 10: 14

SECRETARY OF STATE  
STATE OF IDAHO

(Type or print clearly in black ink)  
See instructions at bottom of page

Lobbyist's name and permanent business address Jeffrey C. Crumrine Magic Valley Rehabilitation Services, Inc. 484 Eastland Drive South Twin Falls, ID 83301	Date prepared 12/29/06	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12   31   06
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Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity <b>Do Not Have to be Reported</b>	* 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	\$ 0	\$ 0	\$ _____	\$ _____	\$ _____
Food and Refreshment	0	0	_____	_____	_____
Living Accommodations	0	0	_____	_____	_____
Advertising	0	0	_____	_____	_____
Travel	0	0	_____	_____	_____
Telephone	0	0	_____	_____	_____
Other Expenses or Services	218.00	218.00	_____	_____	_____
Total	\$ 218.00	\$ 218.00	\$ _____	\$ _____	\$ _____

\*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 fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	
None				

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
<b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.  <b>Filing deadline:</b> Annual report is due on January 31st.  <b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No.1	Magic Valley Rehabilitation Services, Inc. 484 Eastland Drive South Twin Falls, ID 83301
	No.2	
	No.3	
	No.4	

