

# LOBBYIST ANNUAL REPORT FORM

Page 1 of 3 Page(s)  
THIS SPACE FOR OFFICE USE ONLY



State of Idaho  
Ben Yursa  
Secretary of State

To Be Filed By:

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

07 FEB -1 AM 11:26

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<br><br>PHIL REBERGER<br>SULLIVAN & REBERGER<br>PO BOX 1703<br>BOISE, ID 83701 | Date prepared<br><br><div style="font-size: 2em; text-align: center;">1/3/07</div> | Period covered<br><input checked="" type="checkbox"/> year ending<br>(Mo.) (Day) (Yr.)<br>12   31   06 |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

|                                                                                                                                         |                                                                                                                                |                                                                                                           |                |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|
| <b>Item 1</b>                                                                                                                           | Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. |                                                                                                           |                |                |                |
| Category of Expenditure<br>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity<br>Do Not Have to be Reported | * 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                                                                                                                           | \$ <u>0</u>                                                                                                                    | \$ _____                                                                                                  | \$ _____       | \$ _____       | \$ _____       |
| Food and Refreshment                                                                                                                    |                                                                                                                                |                                                                                                           |                |                |                |
| Living Accommodations                                                                                                                   |                                                                                                                                |                                                                                                           |                |                |                |
| Advertising                                                                                                                             |                                                                                                                                |                                                                                                           |                |                |                |
| Travel                                                                                                                                  |                                                                                                                                |                                                                                                           |                |                |                |
| Telephone                                                                                                                               |                                                                                                                                |                                                                                                           |                |                |                |
| Other Expenses or Services                                                                                                              |                                                                                                                                |                                                                                                           |                |                |                |
| Total                                                                                                                                   | \$ <u>0</u>                                                                                                                    | \$ <u>0</u>                                                                                               | \$ <u>0</u>    | \$ <u>0</u>    | \$ <u>0</u>    |

\*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.

|               |                                                                                                                     |       |        |                                                  |
|---------------|---------------------------------------------------------------------------------------------------------------------|-------|--------|--------------------------------------------------|
| <b>Item 2</b> | 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 |
|               |                                                                                                                     |       |        |                                                  |

Continued on attached page(s)

|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                     |      |                                                                |      |                                                               |      |                                                      |      |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------|------|----------------------------------------------------------------|------|---------------------------------------------------------------|------|------------------------------------------------------|------|---------------------------------------------------|
| <b>INSTRUCTIONS</b><br><br><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.<br><br><b>Filing deadline:</b> Annual report is due on January 31st.<br><br><b>TO BE FILED WITH:</b><br>Ben Yursa<br>Secretary of State<br>PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>Item 3</b></td> <td style="text-align: center;">Employer(s) Name(s) and Address(es)</td> </tr> <tr> <td style="text-align: center;">No.1</td> <td>ASSOCIATED GENERAL CONTRACTORS<br/>110 N. 27th, Boise, ID 83702</td> </tr> <tr> <td style="text-align: center;">No.2</td> <td>BATELLE ENERGY ALLIANCE<br/>PO Box 1625, Idaho Falls, ID 83415</td> </tr> <tr> <td style="text-align: center;">No.3</td> <td>CH2M-WG Idaho LLC<br/>Box 1625, Idaho Falls, ID 83415</td> </tr> <tr> <td style="text-align: center;">No.4</td> <td>CLEAR SPRINGS FOODS<br/>PO Box 712, Buhl, ID 83316</td> </tr> </table> | <b>Item 3</b> | Employer(s) Name(s) and Address(es) | No.1 | ASSOCIATED GENERAL CONTRACTORS<br>110 N. 27th, Boise, ID 83702 | No.2 | BATELLE ENERGY ALLIANCE<br>PO Box 1625, Idaho Falls, ID 83415 | No.3 | CH2M-WG Idaho LLC<br>Box 1625, Idaho Falls, ID 83415 | No.4 | CLEAR SPRINGS FOODS<br>PO Box 712, Buhl, ID 83316 |
| <b>Item 3</b>                                                                                                                                                                                                                                                                                                                                       | Employer(s) Name(s) and Address(es)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                     |      |                                                                |      |                                                               |      |                                                      |      |                                                   |
| No.1                                                                                                                                                                                                                                                                                                                                                | ASSOCIATED GENERAL CONTRACTORS<br>110 N. 27th, Boise, ID 83702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                                     |      |                                                                |      |                                                               |      |                                                      |      |                                                   |
| No.2                                                                                                                                                                                                                                                                                                                                                | BATELLE ENERGY ALLIANCE<br>PO Box 1625, Idaho Falls, ID 83415                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                     |      |                                                                |      |                                                               |      |                                                      |      |                                                   |
| No.3                                                                                                                                                                                                                                                                                                                                                | CH2M-WG Idaho LLC<br>Box 1625, Idaho Falls, ID 83415                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                                     |      |                                                                |      |                                                               |      |                                                      |      |                                                   |
| No.4                                                                                                                                                                                                                                                                                                                                                | CLEAR SPRINGS FOODS<br>PO Box 712, Buhl, ID 83316                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                     |      |                                                                |      |                                                               |      |                                                      |      |                                                   |

# LOBBYIST ANNUAL REPORT FORM



**State of Idaho**  
  
Ben Yursa  
Secretary of State

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

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

|                                                                                                                                               |                                                                                    |                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lobbyist's name and permanent business address<br><br><b>PHIL REBERGER</b><br><b>SULLIVAN &amp; REBERGER</b><br>PO Box 1703<br>Boise ID 83701 | Date prepared<br><br><div style="font-size: 2em; text-align: center;">1/3/07</div> | Period covered<br><input checked="" type="checkbox"/> year ending<br><br>(Mo.) (Day) (Yr.)<br><div style="display: flex; justify-content: space-around;"> <span>12</span> <span>31</span> <span>06</span> </div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Category of Expenditure<br><small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small> | * Total Amount for All Employers | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) |                      |                      |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|
|                                                                                                                                                     |                                  | Employer No <u>5</u>                                                                                      | Employer No <u>6</u> | Employer No <u>7</u> | Employer No <u>8</u> |
| Entertainment                                                                                                                                       | \$ _____                         | \$ _____                                                                                                  | \$ _____             | \$ _____             | \$ _____             |
| Food and Refreshment                                                                                                                                | \$ _____                         | \$ _____                                                                                                  | \$ _____             | \$ _____             | \$ _____             |
| Living Accommodations                                                                                                                               | \$ _____                         | \$ _____                                                                                                  | \$ _____             | \$ _____             | \$ _____             |
| Advertising                                                                                                                                         | \$ _____                         | \$ _____                                                                                                  | \$ _____             | \$ _____             | \$ _____             |
| Travel                                                                                                                                              | \$ _____                         | \$ _____                                                                                                  | \$ _____             | \$ _____             | \$ _____             |
| Telephone                                                                                                                                           | \$ _____                         | \$ _____                                                                                                  | \$ _____             | \$ _____             | \$ _____             |
| Other Expenses or Services                                                                                                                          | \$ _____                         | \$ _____                                                                                                  | \$ _____             | \$ _____             | \$ _____             |
| <b>Total</b>                                                                                                                                        | \$ <u>0</u>                      | \$ <u>0</u>                                                                                               | \$ <u>0</u>          | \$ <u>0</u>          | \$ <u>0</u>          |

\*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 |  |
|        |                                                                                                                     |        |                                                  |  |

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.<br><br><b>Filing deadline:</b> Annual report is due on January 31st.<br><br><b>TO BE FILED WITH:</b><br>Ben Yursa<br>Secretary of State<br>PO Box 83720<br>Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282 | 5<br>6<br>7<br>8 | CORRECTIONAL MEDICAL SERVICES<br>12647 Olive Blvd., St. Louis, MO 63141<br><br>FMC Corporation<br>1101 Pennsylvania Ave NW, #325, Wash DC 20006<br><br>Thomson Medstat<br>777 E. Eisenhower Way, Ann Arbor MI 48108<br><br>WASHINGTON GROUP INT'L<br>720 Park Blvd. Boise ID 83729 |

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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. |                                                                                                           |                |                |                |
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| Category of Expenditure<br><small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small> | * Total Amount for All Employers                                                                                               | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) |                |                |                |
|                                                                                                                                                     |                                                                                                                                | Employer No. <u>9</u>                                                                                     | Employer No    | Employer No    | Employer No.   |
| Entertainment                                                                                                                                       | \$ _____                                                                                                                       | \$ _____                                                                                                  | \$ _____       | \$ _____       | \$ _____       |
| Food and Refreshment                                                                                                                                | \$ _____                                                                                                                       | \$ _____                                                                                                  | \$ _____       | \$ _____       | \$ _____       |
| Living Accommodations                                                                                                                               | \$ _____                                                                                                                       | \$ _____                                                                                                  | \$ _____       | \$ _____       | \$ _____       |
| Advertising                                                                                                                                         | \$ _____                                                                                                                       | \$ _____                                                                                                  | \$ _____       | \$ _____       | \$ _____       |
| Travel                                                                                                                                              | \$ _____                                                                                                                       | \$ _____                                                                                                  | \$ _____       | \$ _____       | \$ _____       |
| Telephone                                                                                                                                           | \$ _____                                                                                                                       | \$ _____                                                                                                  | \$ _____       | \$ _____       | \$ _____       |
| Other Expenses or Services                                                                                                                          | \$ _____                                                                                                                       | \$ _____                                                                                                  | \$ _____       | \$ _____       | \$ _____       |
| Total                                                                                                                                               | \$ <u>0.00</u>                                                                                                                 | \$ <u>0.00</u>                                                                                            | \$ <u>0.00</u> | \$ <u>0.00</u> | \$ <u>0.00</u> |

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| Date   | Place                                                                                                               | Amount | Names of Legislators & Public Officials in Group |  |
|        |                                                                                                                     |        |                                                  |  |

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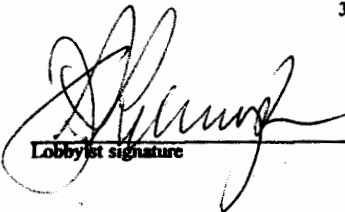
| <p style="text-align: center; font-weight: bold; margin: 0;">INSTRUCTIONS</p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p><b>Filing deadline:</b> Annual report is due on January 31st.</p> <p><b>TO BE FILED WITH:</b></p> <p style="text-align: center;">Ben Yursa<br/>Secretary of State<br/>PO Box 83720<br/>Boise, ID 83720-0080<br/>Phone: (208) 334-2852 Fax: (208) 334-2282</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">Item 3</th> <th style="font-size: 0.8em;">Employer(s) Name(s) and Address(es)</th> </tr> <tr> <td style="text-align: center; vertical-align: top;">9.</td> <td>GHS Data Management<br/>45 Commerce Dr. Ste 5, Augusta ME 04332-1090</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Item 3 | Employer(s) Name(s) and Address(es) | 9. | GHS Data Management<br>45 Commerce Dr. Ste 5, Augusta ME 04332-1090 |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------|----|---------------------------------------------------------------------|--|--|--|--|--|--|
| Item 3                                                                                                                                                                                                                                                                                                                                                                                                                                            | Employer(s) Name(s) and Address(es)                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                     |    |                                                                     |  |  |  |  |  |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                | GHS Data Management<br>45 Commerce Dr. Ste 5, Augusta ME 04332-1090                                                                                                                                                                                                                                                                                                                                                                                       |        |                                     |    |                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                     |    |                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                     |    |                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                     |    |                                                                     |  |  |  |  |  |  |

|           |                                                                                                                                                                                                                     |        |                                           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------|
| Item<br>4 | 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 Legislator, or for or on behalf of any legislator. |        |                                           |
|           | Date                                                                                                                                                                                                                | Amount | Name of Legislator Receiving or Benefited |
|           |                                                                                                                                                                                                                     |        |                                           |

|           |                                                                                                                                                                            |                                                     |                                              |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| Item<br>5 | 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. |                                                     |                                              |
|           | Subject Code (from table)                                                                                                                                                  | Bill, Resolution or Other Legislative Ident. Number | Appropriation Bill Number and Section Number |
|           |                                                                                                                                                                            |                                                     |                                              |

**LEGISLATIVE SUBJECT IDENTIFICATION**

- |                                                                                        |                                                                                           |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Code Subject</b>                                                                    | <b>Code Subject</b>                                                                       |
| 01 Agriculture, horticulture, farming, and livestock                                   | 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 Amusements, games, athletics and sports                                             | 18 Higher education                                                                       |
| 03 Banking, finance, credit and investments                                            | 19 Housing, construction, codes                                                           |
| 04 Children, minors, youth, senior citizens                                            | 20 Insurance (excluding health insurance)                                                 |
| 05 Church and religion                                                                 | 21 Labor, salaries and wages, collective bargaining                                       |
| 06 Consumer affairs                                                                    | 22 Law enforcement, courts, judges, crimes, prisons                                       |
| 07 Ecology, environment, pollution, conservation, zoning, land and water use           | 23 License, permits                                                                       |
| 08 Education                                                                           | 24 Liquor                                                                                 |
| 09 Elections, campaigns, voting, political parties                                     | 25 Manufacturing, distribution and services                                               |
| 10 Equal rights, civil rights, minority affairs                                        | 26 Natural resources, forest and forest products, fisheries, mining and mining products   |
| 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 Public lands, parks, recreation                                                        |
| 12 Government, county                                                                  | 28 Social insurance, unemployment insurance, public assistance, workmen's compensation    |
| 13 Government, federal                                                                 | 29 Transportation, highways, streets and roads                                            |
| 14 Government, municipal                                                               | 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas             |
| 15 Government, special districts                                                       | 31 Other (please specify) _____                                                           |
| 16 Government, state                                                                   |                                                                                           |


1/30/07  
 \_\_\_\_\_  
 Lobbyist signature Date

\_\_\_\_\_  
Employer No. 1 signature Date

\_\_\_\_\_  
Employer No. 2 signature Date

\_\_\_\_\_  
Employer No. 3 signature Date

\_\_\_\_\_  
Employer No. 4 signature Date

**CERTIFICATION:** I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.