## State of Idaho

Ben Ysursa Secretary of State

| LOBBYIST 1 | REPORT | FORM |
|------------|--------|------|

 $\square$  ANNUAL  $\square$  SEMI-ANNUAL

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To Be Filed By:

L-2 LOBBYISTS

|   |                        |                                    |                                     |                 | (Sec. 6   | 7-6619)     |               | OF ST  | - , 0                      |
|---|------------------------|------------------------------------|-------------------------------------|-----------------|---|-------------|---------------|--|----------------------------|
| (Type or print clearly in black ink) See instructions at bottom of page   |                        |                                    |                                     |                 |   |             | _ sc          | NE ECTE!   | STATE                      |
| Lobbyist  |                        | ermanent busines                   |                                     |                 |   | Date prepar | red           | Perio  | od covered O               |
| WIV   | 15ton                  | INOU                               | ye                                  |                 |   |             |               |  | year ending                |
| 231   | 3 con                  | aut Dr                             | ,                                   |                 |   | ,           | ,             | (M   | fo.) (Day) (Yr.)           |
| Burley, Id 83318  |                        |                                    |                                     |                 | 2/10/09   |             |               | 2 31 08  |                            |
| Item<br>1   | Total                  | s of all reportat                  | ole expenditures made of            | or incurred by  | Lobbyis   | t or by Lol | bbyist's Emp  | loyer on behalf of Lol   | bbyist's Employer.         |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity  |                        | *Total Amount for<br>All Employers | Proportionate amo Item 3, at bottom |                 | ounts contributed by each employer (Identify employers, under of page.) |             |               |  |                            |
|   | o Not Have to b        |                                    |                                     | Employe         | r No. 1   | Emp         | oloyer No. 2  | Employer No. 3   | Employer No. 4             |
| Enterta<br>Food a   | inment<br>nd Refreshme | ent                                | \$                                  | \$              |   | s           |               | _ \$   | _ s                        |
| Living  | Accommoda              | tions                              |                                     |                 |   | _           |               |  | _                          |
| Adverti   | ising                  |                                    |                                     |                 |   | _           |               |  | _                          |
| Travel  |                        |                                    |                                     |                 |   | _           | •             | _  | _                          |
| Telepho   | one                    |                                    |                                     |                 |   | _           |               |  | _                          |
| Other E   | Expenses or S          | Services                           |                                     |                 |   | -           |               |  | _                          |
|   |                        | Total                              | s                                   | s = ()          | <del></del>   | <b>s</b> -  | - <i>()</i> - | s - 0 -  | \$                         |
|   |                        |                                    |                                     | - <del> </del>  |   | -   -       |               | <del></del>  |                            |
| *When t   |                        |                                    | re reporting for requires m         | _               |   |             |               |  | _                          |
| •.  |                        | of each expend<br>of their housel  |                                     | enty-five dolla | ars (\$75)  | for a legis | slator, other | noider of public office  | e, executive officials and |
| Item-<br>2  | Date                   |                                    | Place                               |                 | Amou  | int         |               | f Legislators, Public and and Household Member                                     |                            |
|   |                        |                                    |                                     |                 |   |             |               |  |                            |
|   |                        |                                    |                                     |                 |   |             |               |  |                            |
|   |                        |                                    |                                     |                 |   |             |               |  |                            |
|   |                        |                                    |                                     |                 |   |             |               |  |                            |
|   |                        |                                    |                                     |                 |   |             |               |  |                            |
|   |                        |                                    |                                     |                 |   |             |               |  |                            |
|   | Continued on a         | attached page(s)                   | TRUCTIONS                           |                 |   | Item        |               |  |                            |
|   |                        | INS1                               | RUCTIONS                            |                 |   | 3           |               | mployer(s) Name(s) and   | • •                        |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Annual report is due on January 31st.  Executive Lobbyist semi-annual report due July 31st. |                        |                                    |                                     | N               | o. 1 /  | Jan 5       | Ource Tric    | P. U Box 1000<br>Burley IIA 83318  |                            |
|   |                        |                                    |                                     | st. No          | 0.2 Int   | trepid Te   | cht Resources | P.O Box 1000<br>Burley It & 83318<br>501 West Broadway<br>Idah: Falls Itd<br>83402 |                            |
| то  | BE FILED V             | WITH:                              |                                     |                 |   |             | , , ,         |  |                            |
|   |                        |                                    | en Ysursa                           |                 | N   | o. 3        |               |  |                            |
|   |                        |                                    | etary of State<br>Box 83720         |                 |   |             |               |  |                            |
| Boise, ID 83720-0080<br>Phone: (208) 334-2852 Fax: (208) 334-2282   |                        |                                    |                                     |                 | N   | o. <b>4</b> |               |  |                            |

| 4 pro |   | chalf of any Legislator, Pub  | the lobbyist's employer in the nature of contributions of money or other tangible or intangible person any Legislator, Public or Executive Official or Household Member(s).  Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting  |   |  |  |  |
|-------|---|-------------------------------|--|---|--|--|--|
| or l  | 1   | legislative activity in which | LEGISLATIVE SUB.  Code Subject  O1 Agriculture, horticulture, farming, and livestock  O2 Amusements, garnes, athletics and sports  O3 Banking, finance, credit and investments  O4 Children, minors, youth, senior citizens  O5 Church and religion  O6 Consumer affairs  O7 Ecology, environment, pollution, conservation, zoning, land and water use  O8 Education  O9 Elections, campaigns, voting, political parties  10 Equal rights, civil rights, minority affairs  11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds  12 Government, county  13 Government, rederal  14 Government, municipal  15 Government, special districts  16 Government, state | JECT IDENTIFICATION  Code Subject  17 Health service, medicine, drugs and controlled substances, health insurance, hospitals  18 Higher education  19 Housing, construction, codes  20 Insurance (excluding health insurance)  21 Labor, salaries and wages, collective bargaining  22 Law enforcement, courts, judges, crimes. prisons  23 License, permits  24 Liquor  25 Manufacturing, distribution and services  26 Natural resources, forest and forest products, fisheries, mining and mining products  27 Public lands, parks, recreation  28 Social insurance, unemployment insurance, public assistance, workmen's compensation  29 Transportation, highways, streets and roads  30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas  31 Other (please specify) |  |  |  |
| cont  | tify any rule, ratemaking decisiract bid or bid process, financial lobbyist was supporting or opp | I services agreement or       | CERTIFICATION: I hereby certify the correct statement in accordance with Solution Lobbyist signature  X Employer No. 1 signature  X Employer No. 2 signature   | Date  Date  |  |  |  |
|       |   |                               | Employer No. 3 signature   | Date  |  |  |  |
|       |   |                               | Employer No. 4 signature   | Date  |  |  |  |