

State of Idaho

Ben Ysursa Secretary of State

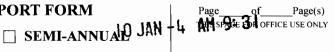
Boise, ID 83720-0080

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

LOBBYIST REPORT FORM







To Be Filed By:

LOBBYISTS (Sec. 67-6619) 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 Date prepared Period covered JOHN Bodden year ending Magic Valley Rehabilitation Services, INC 12-30-09 POBOX 189 (Day) (Mo.) (Yr.) TWIN FAILS, FD 83303 31 09 12 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. 1 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 O 0 Food and Refreshment O 0 Living Accommodations 0 Advertising 0 Travel 0 0 0 Telephone 0 0 0 Other Expenses or Services ٥ 0 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 Place and Household Members in Group Amount Date NONE NONE Continued on attached page(s) Item INSTRUCTIONS Employer(s) Name(s) and Address(es) Magic Valley Rehabilitation Services Who should file this form: Any lobbyist registered under Section No. 1 PO BOX 189 67-6617 Idaho Code TD 83303 TWIN Falls Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720

No. 4

Item 4	property t	res made by the lobby o any, for any or on b	ist or by the lobbyist's emplo ehalf of any Legislator, Pub	y the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal f any Legislator, Public or Executive Official or Household Member(s).		
	Date	Amount	Name of Legisl	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting		
		NONE	NoNE			
ltem	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which		LEGISLATIVE SUBJECT IDENTIFICATION			
5	the Lobbyi	ist was supporting or op II, Resolution or Other gislative Ident. Number	-	Code Subject Ol Agriculture, horticulture, farming, and livestock Ol Amusements, games, athletics and sports Ol Banking, finance, credit and investments Ol Children, minors, youth, senior citizens Ol Consumer affairs Ol Ecology, environment, pollution, conservation, zoning, land and water use Ole Education Ole Elections, campaigns, voting, political parties In Equal rights, civil rights, minority affairs Ole Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Covernment, county Government, federal Government, special districts Government, state	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) Rehabilitation	
Item 6	contract bid	rule, ratemaking decision or bid process, financial st was supporting or opp	services agreement or	CERTIFICATION: I hereby certify the correct statement in accordance with S Lobby Lisignature Employer No. 1 signature Employer No. 2 signature Employer No. 3 signature		
_				Employer No. 4 signature	Date	