Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By: LOBBYISTS (Sec. 67-6619)

On TAX of Page(s) 3 SECRETAIN 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 pr	epared		Period covered			
JOHN Boddew									month ending			
Magic Valley Rehabilitation Services, IN 10 BOX 189					, Inc		5-1-09			(Day)	(Yr.)	
TWIN Falls, ID 83303									4	30	09	
Stem 1	Totals	of all reportal	ble expenditures made o	or incurred b	y Lobb	yist or by	Lobbyist's Empl	loyer on behalf o	fLobbyi	st's Emplo	yer.	
Category of Expenditure Reimbursed Personal Living and Travel *Total Amount for Item 3, at bottom							uted by each empi	oyêr (Identify en	nplayers, ander			
Do Not Have to be Reported			All Employers	Employer No. 1		1 Employer No. 2		Employer No. 3		Employer No. 4		
Entertainment Food and Refreshment			s	_ s	0	s		\$		\$		
Living Accommodations			İ———		-]			
Advertisi	ng				╀	_ _		.				
Travel				<u> </u>	┷	__		· · · · · · · · · · · · · · · · · · ·				
Telephone					\perp	- -						
Other Exp	Other Expenses or Services			-l				.				
					_	$\overline{}$						
		Total	s	- \$ <i>C</i>)	\$_		. s		\$		
*When the	e number of a	emplovers vou a	re reporting for requires m	ultiple L=2 fo	rms to b	l e filed a tol	tal amount for all s	l Imployers should l	l he entered	on Page 1		
			diture of more than sev								fficials and	
Item-	member(s)	of their house	hold.				N	Planislas a Dali	· 1 P			
2	Date Place			A	mount	Names		ublic and Executive Officials Members in Group				
NA				Non								
Co	ontinued on a	ttached page(s)			<u> </u>		<u> </u>					
INSTRUCTIONS						Item 3	Employer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						Magic Valley Rehabilitation Services, Inc. No.1 PO BOX 189 Turin falls, IO 83303						
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.						No. 2		•				
TO BE FILED WITH: Ben Ysursa Secretary of State						No. 3						
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					No. 4							

Item 4

Item 4 is no longer statutorily required.

	Subject matter of proposed legislat		LEGISLATIVE SUBJECT IDENTIFICATION							
0 ہے			Code Subject O1 Agriculture, horticulture, farming, and livestock O2 Amusements, games, 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 I0 Equal rights, civil rights, minority affairs I1 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county I3 Government, gederal 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) Rehabile to the					
Item dentify any rule, ratemaking decision, produrement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.				CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 idaho Code. Down Bodder						