Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

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

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To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

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SECKLIARY 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 month ending Michael P. McGrath 555 \$ Cole Rd (Day) (Yr.) (Mo.) Boise, ID 83709 02/10/2009 31 09 01 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. 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 Employer No. 1 Employer No. 2 Employer No. 3 Do Not Have to be Reported Entertainment 0.00 Food and Refreshment Living Accommodations Advertising Travel Telephone 0.00 Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 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 Date Place Amount and Household Members in Group Continued on attached page(s) Item 3 Employer(s) Name(s) and Address(es) INSTRUCTIONS Intermountain Gas Company Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code 555 S. Cole Rd. Filing deadline: Monthly reports due within fifteen (15) days of the No. 2 month for activities of the past month. Boise, ID 83709 TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4

Item	Exper	nditures rty to ar	made by the lobby	ehalf of any Legislator, Pul	's employer in the nature of contributions of money or other tangible or intangible personal tor, Public or Executive Official or Household Member(s).						
	Da	ite .	Amount	Name of Legis	lator, F	ublic or Executive Official and Hous	sehold M	ember(s) Receiving or Benefiting			
Item 5 Subject (from	or Hou the Lot	ise Bill, I bbyist wa Bill, Re		ion, the number of the Senate legislative activity in which posing. Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds		IDENTIFICATION Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
6	Identify : bid or bid ing or op	d process	ratemaking decisions, financial services	on, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby certify correct statement in accordance with Lobby ist signature					