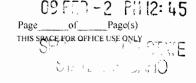
### LOBBYIST MONTHLY REPORT FORM



Names of Legislators, Public and Executive Officials

and Household Members in Group



2

Date

Place

### State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

(Type or print clear See instructions at	bottom of page		· · · · · · · · · · · · · · · · · · ·			
Morgan W. Richer 804 East Bennsylo Boiso, Idalo 8	ds Tr.		Date prepared			onth ending Day) (Yr
Totals of all reportal  Category of Expenditure  Reimbursed Personal Living and Travel	ble expenditures made of		contributed by each empl		obbyist's E	Employer.
Expenses Pertaining to Lobbying Activity  Do Not Have to be Reported	All Employers	Employer No. 1	Employer No. 2	Employer No	3 Em	nployer No 4
Entertainment Food and Refreshment Living Accommodations	\$ 15,00	sØ	s 15.00	s	\$	
Advertising						
Travel						
Telephone				Manager Committee of the Committee of th		And Mills allegan and the second and
Other Expenses or Services				wastati was	£-1	
Total	s_15.00	s_ Ø	\$ 15.00	s	s	
*When the number of employers you a  The totals of each expendence member(s) of their house	diture of more than sev	<del></del>				

Continued on attached page(s)		
INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
		Blue Cross of Idelo Heart Service
Who should file this form: Any lobbyist registered under Section	No. I	P.e. Box 7408
67-6617 Idaho Code		Boiso, Tdofo 83707
Filing deadline: Monthly reports due within fifteen (15) days of the	No 2	Intermonation Hospital 303 Allem Bough Street
nonth for activities of the past month.		303 Allem Bough Street
·		Bois Idelo 83704
TO BE FILED WITH:		billamette Vental of Lacks
Ben Ysursa	No 3	Willamotte Pental of Iddle 6950 N.E. Campus Wang Hills Roro Oregon 77124
Secretary of State		Hills. Rova Oregon 72124
PO Box 83720		702
Boise, ID 83720-0080	No. 4	
Phone: (208) 334-2852 Fax: (208) 334-2282		

Amount

1	Date	Amount	Name of Legis	lator, P	ublic or Executive Official and House	sehold M	Iember(s) Receiving or Benefiting
em or H	ouse Bill, Resolut obbyist was supp Bill, Resolutio Legislative Ider	tion or other legislat orting or opposing n or Other   Approp	number of the Senate ive activity in which oriation Bill Number Section Number	Code 01 02 03 04 05 06 07 08 09 10 11	LEGISLATIVE SUI  Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, 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 Government, county Government, federal Government, special districts Government, special districts Government, state		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,
bid or		aking decision, procu cial services or bond	irement, contract, lobbyist was support-		CERTIFICATION: I hereby certify correct statement in accordance with the control of the control	Section	

# LOBBYIST MONTHLY REPORT FORM

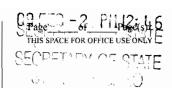


#### State of Idaho

Ben Ysursa Secretary of State To Be Filed By

L-3

LOBBYISTS (Sec. 67-6619)



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

Lobbyist's name and permanent business address					Date pr		Period covered			
M	organ 1	i. Richa	in lane			131/2009		_ <u>_</u>	month en	ding
Bo	150, I	quio S	3706					(Mo.)	(Day)	(Yr.)   09
Item 1	Totals	of all reportal	ple expenditures made o	or incurred by Lo	bbyist or by	Lobbyist's Emp	loyer on behalf o	f Lobbyis	st's Emplo	yer.
Ca	itegory of Ex	•	*Total Amount for	Proportionate and Item 3, at botto		uted by each empl	oyer (Identify en	ployers, u	ınder	
Expense	s Pertaining to L	iving and Travel obbying Activity	All Employers	Employer No				0.3	Employer No. 4	
Entertainment Food and Refreshment			s 15.00	s_ <b>Ø</b>	\$	Ø	Employer N			
Living A	Accommodat	ions								
Adverti	sing									
Travel										
Telepho										_
Other E	xpenses or S	ervices						-		
		Total	s_15,00	s_ Ø	S	Ø	s		<b>S</b>	
*When t	the number of	emplovers vou a	l re reporting for requires m	ultiple L-2 forms to	) be filed a to	tal amount for all e	mplovers should b	e entered (	on Page 1.	
	The totals	of each expend	diture of more than seve							fficials and
ltem-	member(s)	of their house	hold.	Names of Legislators, Public and Executive Officia					ıals	
2	Date		Place		Amount		and Household Me	embers in (	Group	
	Continued on a	ttached page(s)	<i>\$</i>							
		INST	RUCTIONS		Item 3	Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.  TO BE FILED WITH:  Ben Ysursa Secretary of State					No. 1 18911 Noval Creek Perkuray #301  Bethell, Washington 98011  American Foundy Insure Copy  No. 2 9510 Meridian Blid  Engleward, Colordo 80112  Farn Bureon Matural Insurae Copy  No. 3 275 Tierra Vista Drive  Pacatello, Idaho 83201					
	Phon	PO Boise,	Box 83720 ID 83720-0080 852 Fax: (208) 334-2	282	No. 4					

	Date Amo	unt Name of Le	slator, Public or Executive Official and Household Member(s) Receiving or Benefiting					
or H	louse Bill, Resolution or of Lobbyist was supporting of	islation, the number of the Senate other legislative activity in which or opposing.  The appropriation Bill Number and Section Number	LEGISLATIVE :	SUBJECT Code 17  18 19 20 21 22 n, 23 24 25 26	IDENTIFICATION  Subject Health service, medicine, drugs and controlled substances, healt 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, unemploymen insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
6 bid or		cision, procurement, contract, vices or bond lobbyist was suppor	CERTIFICATION: I hereby cert correct statement in accordance of the statement of the statem	with Section	67-6624 Idaho Code.			

# LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

09	Page Thu <del>s</del>	s <mark>A</mark> CE	_of_ Port	Page(s)
SL.	, 	7		TATE

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

	obbyist's name and permanent business address					Date prepared Period				iod covered			
	Morgan	ت. <i>الان</i>	chols In. sylvania Lowe			.1 (		<b>4</b>	month ending				
6	104 Ea	st Peru	sylvania Lowe			1/31/09		(Mo.) (Day) (Yr.)					
1	Bolse,	Idal	, 83706					1	31	09			
Item 1	Totals	of all reporta	ble expenditures made of	or incurred by I	obbyist or b	y Lobbyist's Emp	loyer on behalf o	of Lobbyis	t's Emplo	yer.			
Ca	tegory of Exp		#Tetal Assessment Co.			ibuted by each empl	oyer (Identify en	nployers, u	nder				
Expense	rsed Personal Li s Pertaining to Lo Not Have to be	obbying Activity	*Total Amount for All Employers	Employer				Io. 3	Employer No. 4				
Entertainment Food and Refreshment			\$ 15.00	s	\$	$\varphi$	s Ø						
Living A	Accommodati	ions			Management	,	/						
Adverti	sing					4.44							
Travel													
Telepho	ne												
Other E	xpenses or Se	ervices											
								-					
		Total	\$ 15.00	s	\ \$_	<b>Ø</b>	s_ <i>P</i>	\ S					
2	Date	7	Place		Amount	1	f Legislators, Publ and Household M			ials			
	l Continued on at	ttached page(s)											
		INST	RUCTIONS		Item 3	Employer(s) Name(s) and Address(es)							
67-6 Filin mon	617 Idaho Co g deadline:	Monthly repes of the past TTH: B Secr	ny lobbyist registered unorts due within fifteen amonth.  Sen Ysursa etary of State 1 Box 83720 ID 83720-0080		No. 3		16410 (260 837 (359 EXCR	015 015 8350	(	H87			
	Phone		115 85720-0080 1852 Fax: (208) 334-2	282	No. 4								

4	Dat	e	Amount	Name of Legis	slator,	Public or Executive Official and Hous	ehold M	lember(s) Receiving or Benefiting
Item 5 Subject (from tage)	or Hous the Lob Code able)	se Bill, Resolut byist was sup Bill, Resolut Legislative Id	lution or other pporting or opp tion or Other lent. Number	on, the number of the Senate legislative activity in which posing.  Appropriation Bill Number and Section Number  (equilibrium)	Codd 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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	bid or bid ing or opp	process, fina posing.	ancial services	or, procurement, contract, or bond lobbyist was support-	-	CERTIFICATION: I hereby certify correct statement in accordance with  Moyor C.J. R. Lobby ist signature		