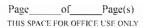
### LOBBYIST MONTHLY REPORT FORM





#### State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

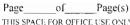
LOBBYISTS (Sec. 67-6619)

09 APR 10 AM 10: 42

SECRETARY OF STATE STATE OF IDAHO

			dy in black nde, bottom of page									
Lobbvis	's name and per	manent busine	ess address			Date	prepared		Period	covered		
-	r Seiber/Ca	pitolWest								month en	dıng	
	Box 953								(Mo.	) (Day)	(Yr.)	
Boise	, ID 83702						4/09/09	9	3	31	09	
<del></del>										31		
Item 1	Totals	of all reportal	ble expenditures made of	r incurred	by Lobbyis	t or b	y Lobbyist's Empl	oyer on behal	f of Lobb	yist's Emplo	yer.	
Reimbu	tegory of Expursed Personal Lives Pertaining to Lo	and Travel	*Total Amount for All Employers		bottom of p		ributed by each emplo	oyer (Identify	employers	, under		
	Not Have to be			Emplo	yer No. 1		Employer No. 2	Employer	No. 3	Employer	· No. 4	
Entertai	nment id Refreshmer	nt	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	
			\$0.00	. J		-   •		.   \$		J		
-	Accommodati	OHS	0.00			- -						
Adverti Travel	sing		0.00			-   -						
Telepho	ne.		0.00			- -						
,	xpenses or Se	rvices	0.00			- -						
Oulei L	Apelises of Se											
		Total	\$ 0.00	<b>s</b>	0.00	\$	0.00	   \$	0.00	\$	0.00	
		Total	9	"		-   "-				Ψ		
*When t		<u> </u>	are reporting for requires m						_			
•		f each expend of their house	diture of more than seven	enty-five de	ollars (\$75)	) for a	a legislator, other l	holder of publ	ic office,	executive o	fficials and	
Item-			Place		Amou	un!		f Legislators, Pu			ials	
	Date		Trace		Amou	шп	-	and Household	viemoers	in Group		
<u> </u>	Continued on at	tached page(s)			1 7	Item	1					
		INST	RUCTIONS			3	En	nployer(s) Nam	e(s) and A	ddress(es)		
					No	, /	Ada County Hig	hway Distri	ct			
	should file t 617 Idaho Co		ny lobbyist registered ur	ider Section	n I <sup>NO</sup>	3775 Adams St., Garden City, ID 83714						
	g deadline: th for activitie		orts due within fifteen ( month.	15) days o	f the No		Associated Log P. O. Box 671,	_		83816		
ТОІ	BE FILED WI	TH:				_	Idaho Prior App	propriation [	Ooctrine	Assn.		
			en Ysursa ctary of State		No		599 W. Bannoc	•				
		PO	Box 83720				Manuakata N					
	Phone		1D 83720-0080 852 Fax: (208) 334-2	282	No	No. 4 Mountain View Hospital 2325 Coronado St., Idaho Falls, ID 83404						

## LOBBYIST MONTHLY REPORT FORM





#### State of Idaho

Ben Ysursa Secretary of State

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

To Be Filed By:

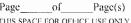
LOBBYISTS (Sec. 67-6619)

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IIS SPAC	E FOR OFF	ICE USE ONLY

		que of print clear e instructions at													
Lobbvis	's name and p	ermanent busine	ss address				Dai	ie prer	pared	***************************************	Period	covered			
-		apitolWest										month ending			
	Box 953 ID 8370	2									(Mo.	) (Da	ny) (Yr.)		
DOISE	;, ID 0370.	2							4/9/09		3	,   3	1		
ltem					_										
1			ble expen	ditures made o	r incurred	by Lobb	yist or	by L	obbyist's Emplo	yer on bo	chalf of Lobb	yist's En	nployer.		
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			*Total Amount for All Employers		Item 3, at bottom of			e.)			tify employers, under				
					Emplo	yer No. A	-5	Employer No.20		Empl	oyer No. a 7	Employer No. 🗲 🖁			
	Entertainment Food and Refreshment			0.00	\$ 0.0		00	\$	0.00	\$	0.00	\$	0.00		
Living Accommodations				0.00				_							
Adverti				0.00			_								
Travel	· ····2			0.00											
Telephone				0.00			_								
Other Expenses or Services				0.00											
		Total	\$	0.00	\$	0.0	00 .	s	0.00	\$	0.00	s	0.00		
		10441			<u></u>		'	<b>J</b>		Ψ		"			
*When t	he number of	employers you a	re reportin	g for requires m	ultiple L-2 fe	orms to b	e filed :	a total	amount for all en	nployers si	hould be entere	d on Page	21.		
				more than seve	enty-five do	ollars (\$	75) for	r a le	gislator, other h	older of p	public office.	executiv	e officials and		
ltem-	Date	of their house		lace	A						ors, Public and Executive Officials				
	Date		Г	1acc		Al	mount		a	nd Housen	ioid Members i	п Стоир			
7	Continued on a	attached page(s)				<u> </u>					_				
		INST	RUCTIO	ONS			Item 3	Employer(s)			Name(s) and Address(es)				
							5	The	Pointe, LLC	, c/o Jet	ff Vitek				
	should file 617 Idaho Co		ıy lobbyis	st registered un	der Section	n	5850 Avenida Encinas, Ste A, Carlsbad, CA 92008								
		Monthly reposes of the past i		vithin fifteen (	15) days o	f the	Swisher International, Inc. 459 E. 16th St., Jacksonville, FL 32206								
ТО Е	BE FILED W	В	en Ysursa				1 No. 8		ste Manager 5 L St., Ste 14		cramento,	CA 95	814		
		PO	Box 8371 D 83720	20		-	No.		ne Institute						

2103 N. Oakes St., Unit D, Tacoma, WA 98906

## LOBBYIST MONTHLY REPORT FORM





#### State of Idaho

Ben Ysursa Secretary of State

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

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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HIS	SPACE F	OR OFFI	E USE O	NLY

	ctype of print clear See instructions at								,			
Lobbvis	t's name and permanent busine				T.	ate pr	epared		Peri	od cov	ered	
_	r Seiber/CapitolWest								-	7	month en	dıng
	Box 953 e, ID 83702								0	10.)	(Day)	(Yr.)
DOISE	s, ID 03702						4/9/09			3	31	09
ltem 1	Totals of all reporta	ble expenditures made o	r incurred	by Lob	byist	or by	Lobbyist's Emplo	yer on	behalf of Lo	bbyist	's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported  Entertainment		*Total Amount for All Employers		roportionate amounts contributed by each employer (Identify employer em 3, at bottom of page.)						ers. ui	ıder	
		All Employers	Employer No 🗡		<b>x 9</b> Er		Employer No. Z 10	En	Employer No. & 1		Employer No. 4	
	inment nd Refreshment	\$706.20	\$	179.	29	\ \$	179.29	\$	179.2	9   \$	1	68.33
Living.	Accommodations	0.00								_ _		
Adverti	sing	0.00								_   _		
Travel		0.00								_ _		
Telepho	one	0.00								_   _		
Other E	Expenses or Services	0.00								_   _		
*When t	Total the number of employers you a	\$ 706.20	\$ultiple L-2	179.		\$ d a tot	179.29	\$	179.2	-   <sup>3</sup>		68.33
	The totals of each expen- member(s) of their house		enty-five d	dollars (	\$75) f	or a	legislator, other h	older (	of public office	e, ex	ecutive of	fficials an
1tem-	Date	Place			Amoun	t			tors, Public and sehold Membe			ials
	Continued on attached page(s)											
	INST	RUCTIONS				3 -	Em	ployer(:	s) Name(s) and	Addre	ss(es)	
67-6	o should file this form: At 617 Idaho Code				No.	17	nillips Edison & 5 E 400 S, Ste 	402,	Salt Lake	City,	UT 84	111
	ig deadline: Monthly rep th for activities of the past		15) days (	of the	No.		3403 Bennett F			k, O	R 9785	6
101	Secr	en Ysursa etary of State			No. â	, Pi 16	rairie Propertie 3100 NW Corn			ton,	OR 970	006
		Box 83720 ID 83720-0080			No	r Pi	refix					

1300 W. Hamlin, Rochester Hill, MI 48309

# Item 4 is no longer statutorily required.

	ect matter of proposed legislat		LEGISLATIVE SUI	BJECT	IDENTIFICATION
5 or H	Legislative Ident. Number H52,H54,H93,H94, H95,H96,H97,H98,	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	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	ry any rule, ratemaking decision bid process, financial services opposing.		CERTIFICATION: I hereby certify correct statement in accordance with		