Boise, ID 83720-0080

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LOBBYIST MONTHLY REPORT FORM Rev. 05/2008 1 of 2 Page(s) THIS SPACE FOR OFFICE USE ONLY To Be Filed By: State of Idaho 09 APR -9 PM 3: 17 LOBBYISTS L-3 Ben Ysursa (Sec. 67-6619) Secretary of State SECULTATION 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 eriod covered month ending Staker & Parson Companies P.O. Box 1310 (Day) (Yr.) Nampa, Idaho 04/09/2009 03 31 2009 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 Do Not Have to be Reported Employer No. 1 Employer No. 4 Employer No. 2 Employer No Entertainment 0.00 0.00 Food and Refreshment 0.00 0.00 Living Accommodations 0.00 0.00 Advertising 0.00 0.00 Travel 0.00 0.00 Telephone 0.00 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 the 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) ltem 3 Employer(s) Name() and Address(es) INSTRUCTIONS Staker & Parson Companies Who should file this form: Any lobbyist registered under Section P.O. Box 1310, Nampa, Idarlo 83653 67-6617 Idaho Code Filing deadline: Monthly reports due within fifteen (15) days of the No. 2 month for activities of the past month. TO BE FILED WITH: Ben Ysursa No. 3 Secretary of State PO Box 83720

No. 4

Item 4

Item 4 is no longer statutorily required.

(from table) 11,19,29 Transfunc	s supporting or op- solution or Other ve Ident. Number esportation ding, ITD mance audit	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11		17 18 19 20 21 22 23 24 25 26	and co insurar Higher Housin Insurar Labor, collect Law e judges Licens Liquo Manuf service Natura forest and m Public Social insurar	service, medicine, drugs itrolled substances, health ce, hospitals education g, construction, codes ace (excluding health ce) salaries and wages, ive bargaining aforcement, courts, crimes, prisons e, permits acturing, distribution and
1		on, procurement, contract,	14 15 16	Government, federal Government, municipal Government, special districts Government, state CERTIFICATION: I hereby certify correct statement in accordance with		Transparents of the control of the c	
		on, procurement, contract, or bond lobbyist was support-	.	Labbyist signature	L	7	7 4/9/09 Date