

LOBBYIST ANNUAL REPORT FORM

Page _____ of _____ Page(s)
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State of Idaho
Ben Yursa
Secretary of State

To Be Filed By:

L-2 LOBBYISTS
(Sec. 67-6619)

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

Lobbyist's name and permanent business address KENT W. DAY LIBERTY NORTHWEST INSURANCE CORPORATION P. O. BOX 4555 PORTLAND, OREGON 97208-4555	Date prepared 01/18/2005	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 2004
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Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 0.00	\$	\$	\$	\$
Food and Refreshment	0.00				
Living Accommodations	0.00				
Advertising	0.00				
Travel	0.00				
Telephone	0.00				
Other Expenses or Services	0.00				
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

*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.

Item 2	Date	Place	Amount	Names of Legislators & Public Officials in Group

Continued on attached page(s)

<p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p>Filing deadline: Annual report is due on January 31st.</p> <p>TO BE FILED WITH: Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	LIBERTY NORTHWEST INS., P. O. BOX 4555 PORTLAND, OREGON 97208-4555
	No. 2	
	No. 3	
	No. 4	

POSTED

Item #	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

Item #	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	
20	HB 487		
20	HB 488		
20	HB 490		
20	HB 491		
20	HB 492		
20	HB 493		
20	HB 494		
20	HB 495		
20	HB 497		
20	HB 499		
20	HB 512		
20	HB 513		
20	SB 1236		
20	HB 533		
20	HB 545		
20	HB617		
20	HB 535		
20	HB 555		
20	HB 618		
20	HB 675		
20	HB 705		
20	HB 708		
20	HB 709		

LEGISLATIVE SUBJECT IDENTIFICATION

Code	Subject	Code	Subject
01	Agriculture, horticulture, farming, and livestock	17	Health services, medicines, drugs and controlled substances, health insurance, hospitals
02	Amusements, games, athletics and sports	18	Higher education
03	Banking, finance, credit and investments	19	Housing, construction, codes
04	Children, minors, youth, senior citizens	20	Insurance (excluding health insurance)
05	Church and religion	21	Labor, salaries and wages, collective bargaining
06	Consumer affairs	22	Law enforcement, courts, judges, crimes, prisons
07	Ecology, environment, pollution, conservation, zoning, land and water use	23	Licenses, permits
08	Education	24	Liquor
09	Elections, campaigns, voting, political parties	25	Manufacturing, distribution and services
10	Equal rights, civil rights, minority affairs	26	Natural resources, forest and forest products, fisheries, mining and mining products
11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27	Public lands, parks, recreation
12	Government, county	28	Social insurance, unemployment insurance, public assistance, workmen's compensation
13	Government, federal	29	Transportation, highways, streets and roads
14	Government, municipal	30	Utilities, communications, television, radio, newspaper, power, CATV, gas
15	Government, special districts	31	Other (please specify) _____
16	Government, state		

Walter D. ... 1/18/05
 Lobbyist signature Date

 Employer No. 1 signature Date

 Employer No. 2 signature Date

 Employer No. 3 signature Date

 Employer No. 4 signature Date

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.