

LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa
Secretary of State

To Be Filed By:

L-2 LOBBYISTS
(Sec. 67-6619)

Page _____ of _____ Page(s)
THIS SPACE FOR OFFICE USE ONLY

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

Lobbyist's name and permanent business address Gary Dyer P.O. Box 7408 Boise, ID 83707-1408	Date prepared 1/10/05	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 04
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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	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
	Date	Place	Amount	Names of Legislators & Public Officials in Group

Continued on attached page(s)

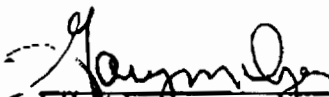
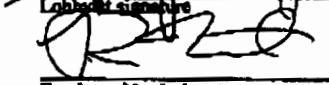
INSTRUCTIONS Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	Item 3	Employer(s) Name(s) and Address(es)
	No.1	Blue Cross of Idaho Health Service, Inc. 3000 E. Pine Ave., Meridian, ID 83642-5995
	No.2	
	No.3	
	No.4	

Item 4	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 5	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

LEGISLATIVE SUBJECT IDENTIFICATION

Code Subject	Code Subject
01 Agriculture, horticulture, farming, and livestock	17 Health service, medicine, drugs and controlled substances, health insurance, hospitals
02 Amusement, 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 License, 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, workman's compensation
13 Government, federal	29 Transportation, highways, streets and roads
14 Government, municipal	30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas
15 Government, special district	31 Other (please specify) _____
16 Government, state	

 1/10/05
 Lobbyist signature Date
 1/12/05
 Employer No. 1 signature Date
 _____ Date
 Employer No. 2 signature Date
 _____ Date
 Employer No. 3 signature Date
 _____ 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.