LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s) THIS SPACE FOR OFFICE USE ONL

04

See instructions at bottom of page Date prepared Period covered Lobbyist's name and permanent business address Jeffrey C. Crumrine X month ending Magic Valley Rehabilitation Services, Inc. 484 Eastland Drive South (Mo.) (Day) (Yr.)

Twin Falls, ID 83301 April 29, 2005 2005 30 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 Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity * Total Amount for Item 3, at bottom of page.) All Employers Employer No. 3 Employer No. 4 Do Not Have to be Reported Employer No. 1 Employer No. 2 Entertainment 0 Food and Refreshment Living Accommodations Advertising 0 Travel 0 Telephone 0 Other Expenses or Services 0 0 Total 0 0 *When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item Names of Legislators & Public Officials in Group Date Place Amount

None Continued on attached page(s)

Item Employer(s) Name(s) and Address(es) INSTRUCTIONS Magic Valley Rehabilitation Services, Inc. 484 Eastland Drive South No.1 Who should file this form: Any lobbyist registered under Section Twin Falls, ID 83301 67-6617 Idaho Code. Filing deadline: Monthly reports due within ten (10) days of the No.2 month for activities of the past month. TO BE FILED WITH: No.3 Ben Ysursa Secretary of State PO Box 83720 No.4 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

	Expenditures made by the lobbyist or by the lobbyist's en personal property to any Legislator, or for or on behalf of a					of mon	ey or other tangible or intangible	
Σ	Date	Amount		Name of Legislator Receiving or Benefited				
			None					
			tion, the number of the Senate		LEGISLATIVE SUE	JECT	IDENTIFICATION	
5 or He		Resolution or other as supporting or o	r legislative activity in which	l				
Subject Code (from table) 11 31	Bill, Re Legislat	solution or Other ive Ident. Number		01 02 03 04 05 06 07 08 09 10 11	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, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30	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) Rehabilitation	

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

4/29/05 Date