Rev	05/2008		LO	BBYIST	REP	PORT	r FO	RM	1	Page		ngc(s)	
Á		State of Idal	ho 🗸	ANNUA	r [sı	EMI-	ANNUAL			FOR OPPICE US		
Ų.		Ben Ysursa		To Be Filed	Bv:			7	09 FE	B -2	PM 2: 5	1	
*		Secretary of S	tale	L-2		BYIS	TS		SEU	IZICY TE OF	OF STA	TE	
				L2	(Sec.	. 67-66	619)	1	SIA	IE UF	IUANU		
		(Type or print clear See instructions a	bottom of page					_					
	byists name a ny Holly-Pi	nd permanent busine	ss address			Date	prepa	red		1 .	year endi	00	
	-	Dr. Ste 300								'		-	
Во	ise, ID 83	706				Jan 26, 2009			009	(Mo	.) (Day) 	(Yr.) 2008	
Ite	[otals of all reportal	ble expenditures made o	or incurred b	v Lobby	vist or	by Lo	bbvist's Emplo	over on beha	f of Lobb	ovist's Emplo		
_	Category o	f Expenditure	*Total Amount for	Proportion	ate amou	inis cont	tributed	by each emplo					
Reintbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer No. 1				Employer No. 3		Employer No. 4			
	crtainment				<u>u</u>				w.ii.pioyo		1		
	d and Refres		s	· s		— s	S		\$?		
	ing Accomm	ocunons				- -							
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Other Expenses or Services						_ -							
		Total	s0.00	s	0.00	0	s	0.00	s	0.00	s	0.00	
·w			are reporting for requires m diture of more than seve									ficials and	
Ite		rais of each expender(s) of their house		enty-nve do	ollars (3	/5) TOF	a icgi	· -					
_	2 Date		Place		Ап	nount			Legislators, P and Household		in Group	cials	
ſ	Continued	i on attached page(s)											
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.						Item Employer(s) Name(s) and Address(es)							
						No. 1 Business Psychology Associates, 300 Mailard Dr., STE 3000, Bolse ID 83706							
						No. 2							
TO BE FILED WITH:						<u> </u>							
Ben Ysursa Secretary of State						No. 3							
PO Box 83720 Boisc, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4					_		

tem :	property to a	any, for any or on be	chalf of any Legislator, Pul	the lobbyist's employer in the nature of contributions of money or other tangible or intangible persof any Legislator, Public or Executive Official or Household Member(s).						
	Date Amount		Name of Legis	Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting						
5	or House Bill the Lobbyist ode Bill, I	I, Resolution or other I was supporting or opp	on, the number of the Sonate legislative activity in which osing. Appropriation Bill Number and Section Number	Code 01	LEGISLATIVE SUI E Subject Agriculture, horticulture, farming, and fivestock		Subject			
		anve Idelli. Nullder	and Secpon Number	02	Amusomems, games, athletics		insurance, hospitals			
1, 1(03	and sports Banking, finance, credit and	18 19	Higher education Housing, construction, codes			
7, 2	2	ì		04	investments	20	Insurance (excluding health			
		ì			senior citizens	21	Labor, salarics and wages,			
		1		1	Church and religion Consumer affairs	22	collective bargaining Law enforcement, courts,			
	1	1		07	Ecology, environment, pollution, conservation, zoning, land and	23	judgės, crimes, prisons License, permits			
		Į.			March fire	24	Liquor			
	1			08	Education Elections, campaigns, voting,	25	Manufacturing, distribution and services			
				10	political parties Equal rights, civil rights, minority affairs	26	Natural resources, forest and forest products, fisherics, mining and mining products			
				"	taxation, revenue, budget, appropriations, bids, tees, funds	27 28	Social insurance, unemployment insurance, public assistance,			
				13	Government, county Government, federal	29	workmen's compensation Transportation, highways.			
				14 15 16	Government, municipal Government, special districts Government, state	30	streets and roads Utilities, communications, televisions, radio, newspaper,			
						31	power, CATV, gas Other (please specify)			
					CERTIFICATION: I hereby certify the correct statement in accordance with S					
ly.				. 2	Amstoll Stics	7	2/2/09			
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				Ė	inployer No. 1 signature		Date			
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