Rev 0	5/2008	State of Ida	<u> </u>						FOR OFFICE US		awao. h ở	
		Ben Ysursa Secretary of S	ì	To Be Filed	I.Ol	BBYIST	_			SECRE	TARY	<b>am 10: 42</b> ° Of State IDAHO
		(Type or print clea		• •								
Joseph D. McCollum, Jr Hawley Troxell Ennis & Hawley, LLP 877 Main St , Suite 100, Boise, ID 83701						Date	Date prepared		Period covered		_	
Item 1	Tota	als of all reportal	ble expenditures made o	r incurred t	y Lobb	yist or by	Lobbyist's Empl	loyer on behalf	of Lobb	yist's Employ	yer	_
Rein		Living and Travel	*Total Amount for	Proportion Item 3, at			buted by each empl	oyer (Identify er	nployers	, under		and the second s
	ses Pertaining to Do Not Have to	De Reported	All Employers	Employer No. 1		Employer No. 2		Employer No. 3		Employer No. 4		
	ainment and Refreshi	nent	s	\$		\$		\$				_
Living Accommodations												_
Advent Travel	-						· • • • • • • • • • • • • • • • • • • •					***
Teleph												
-	Expenses or	Services										_
Total S			s0.00	s0.0		0.00 s		s0.00		s 0.00		-
*When	The totals	of employers you a	re reporting for requires multiture of more than seve	 ultiple L-2 fo nty-five do	orms to t	oc filed a to 75) For a	tal amount for all c	mployers should nolder of public	be entere	d on Page 1. executive of	ficials a	nd
Item-		s) of their housel				<del>,</del>		Legislators, Pub			ials	_
2	Date		Place			nount	-	and Household M	embers i	n Group		
Continued on attached page(s)  INSTRUCTIONS						Item Employer(e) Nan			c) and A	ildrass(as)		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Annual report is due on January 31st						Employer(s) Name(s) and Address(es)  No 1 Idaho Hospital Association P.O Box 1278, Boise, ID 83701-1278						
		Executive Lob	byist semi-annual repor	t due July 3	llst	No 2						
10 BE FILED WITH:  Ben Ysursa  Secretary of State						No 3			V-4300-130000 pr			
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No 4						

			half of any Legislator, Pub	oyer in the nature of contributions of mor olic or Executive Official or Household	Membe	r(s)		
	Date	Amount	Name of Legis	lator, Public or Executive Official and House	chold Me	ember(s) Receiving or Benefiting		
5 ubject C	or House Bill, Resolution Lobbyist was suppode Bill, Resolution Legislative Identition	or other parting or opport on or Other or Number	on, the number of the Senate egislative activity in which osing  Appropriation Bill Number and Section Number	LEGISLATIVE SUB-	Code 17	Subject Health service medicine, drugs and controlled substances health insurance, hospitals		
6 0	HJR 1 HJR 1 RS 186  entify any rule, ratementract bid or bid procure and lobbyist was supp	07 014 aking decision	services agreement or	and sports  Banking, finance credit and investments  Children, minors youth senior citizens  Church and religion  Consumer affairs  Feology, environment, pollution conservation zoning, land and vater use  Education  Elections, campaigns, voting political parties  Cequal rights, civil rights minority affairs  Government, financing, taxation, revenue, budget appropriations bids, fees, funds  Government county  Government federal  Government federal  Government special districts  CERTITICATION: Thereby certify the forrect statement in accordance with S	18 19 20 21 22 23 24 25 26 27 28 29 30 31	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)  Dove is a true, complete and 17-6624 Idaho Code		
				Employer No 1 signature  Employer No 2 signature  Employer No 3 signature	<i></i>	Date  Date		
		er verte breektige		Employer No 4 signature	*****	Date		