

## State of Idaho

Ben Ysursa Secretary of State

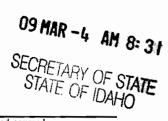
Phone: (208) 334-2852 Fax: (208) 334-2282

## LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page_	of	Page(s)
THIS:	SPACE FOR OFF	ICE USE ONLY



(Type or print clear	•							UAF		
See instructions at Lobbyist's name and permanent busin			Dat	te prepared		Period co	overed			
Blake G. Hall								month ending		
P.O. Box 51630 Idaho Falls, ID 83405-1630				3/1/2009			(Day)	(Yr.)		
						2	28	2009		
Item 1 Totals of all reporta	ble expenditures made o	or incurred by Lob	byist or	r by Lobbyist's Emp	loyer on behalf o	of Lobby	ist's Emplo	yer.		
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	*Total Amount for All Employers			ounts contributed by each employer (Identify employers, under n of page.)						
Do Not Have to be Reported	2			Employer No. 2	Employer No. 3		Employer No. 4			
Entertainment Food and Refreshment	s	s		\$	\$		\$			
Living Accommodations										
Advertising										
Travel								-		
Telephone										
Other Expenses or Services										
						-				
Total	s0.00	\$0.	.00	\$0.00	s	0.00	\$	0.00		
ana		10.1.1.0.6		CI II	. 6 1		L	D 1		
•When the number of employers your Item The totals of each expend								on Page 1.		
2 Date	Place		Amount	Names of Legis	slators, Public and	Executiv	e Officials	in Group		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.  TO BE FILED WITH:  Ben Ysursa Secretary of State PO Box 83720			Iten	n .		1 4 1	1( )			
			3	E	Employer(s) Name(s) and Address(es)					
			No. 1 CH2M WG IDAHO, LLP  No. 2 151 North Ridge Avenue, Ste. 15							
				Idaho Falls, ID 83401						
			No. 3	_						
			No. 4							

ltem 4	pers	onal prop	erty to any Legis	lator, Public or Executive O	or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible tublic or Executive Official or for or on behalf of any Legislator, Public or Executive Official.				
Item 5	N/A Subje	ouse Bill,		ion, the number of the Senate legislative activity in which		LEGISLATIVE SUB	JECT	IDENTIFICATION	
	<u> </u>					Subject Agriculture horticulture		Subject Health service medicine drugs	
Subject (from	table)		solution or Other ive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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, federal Government, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	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)	
6	bid or b		s, financial service	sion, procurement, contract, s or bond lobbyist was	-	CERTIFICATION: I hereby certify correct statement in accordance with the control of the control			