Rev. 05/2008

LOBBYIST MONTHLY REPORT FORM

Page 1 of 2 Page(s)
THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 L

LOBBYISTS (Sec. 67-6619)

09 APR -9 AM 10: 13

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		pe or print clear instructions at						SECI ST	ETARY OF ATE OF IDA	STATE	Ξ		
Lobbvist		rmanent busine				Da	te pro	chated		Period	covered		
James Hoover											month ending		
2636 Southwest Brooklane Drive											-		
Corve	illis, OR 97	7333					4/07/2009			(Mo.) (Day)	(Yr.)	
								03 31 2009					
ltem l	Totals	of all-reportal	ole expenditures made o									oycr.	
Reimbursed Personal Living and Travel *Total Amount for					Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)								
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer No. 1		1	Employer No. 2		Employer No. 3		Employer No. 4		
Entertainment Food and Refreshment			s 0.00	s			•		 s		s		
Living Accommodations			0.00	Ψ			Ψ						
- Adverti:	sing		0.00			_							
Travel			0.00								 		
Telephone 45.00				45.	00	_							
Other Expenses or Services 0.00													
			s 45.00		45.0	00	_	0.00		0.00		0.00	
		Total	\$	S	-10.1	-	S	0.00	s		S		
*When t	he number of	employers you a	re reporting for requires m	ultiple L-2 fo	ens to t	be filed	a tot	tal amount for all e	mployers should l	b e e ntere	d on Page 1	,	
	The totals of each expenditure of more than seventy-five dollars (
Item-	member(s)												
2	Date		Place	Ап		mount			f Legislators, Public and Executive Officials and Household Members in Group			ficials	
			N/A										
								}					
								}					
	Continued on a	i ntached pagc(s)											
INSTRUCTIONS						ite 3		Employer(s) Name(s) and Address(es)					
							Ва	ayer HealthCa	ire LLC				
	o should file 617 Idaho C		ny lobbyist registered ur	ider Section	1	No. 1	55	55 White Plain	s Road, Tarr	ytown	NY 105	91 — <u>–</u> ——	
		Monthly repies of the past	orts due within fifteen (month.	(15) days of	fthe	No. 2							
TO BE FILED WITH:													
Ben Ysursa Secretary of State						No. 3		_					
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 4							
					_		_						

Item 4

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Item 4 is no longer statutorily required.

Item			ion, the number of the Senate		LEGISLATIVE SUI	IDENTIFICATION	
-				01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	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, ecunty Government, municipal Government, state CERTIFICATION: I hereby certify teorrect statement in accordance with	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
Item Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond labbyist was supporting or opposing. No lobbying occurred.					Lobbyist signature	_	4/8/2009 Date