LOBBYIST MONTHLY REPORT FORM 1 Page Page(s) 1 Page Page(s) 1 Page Page(s)



State of Idaho

Ben Ysursa Secretary of State

> Secretary of State PO Box 83720 Boise, ID 83720-0080

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

To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

STATE OF IDAHO

	Se	pe or print clear e instructions at	bottom of page										
Lobby ist's name and permanent business address						Date prepared				Period covered			
Jeffrey C. Crumrine											X	month en	ding
Magic Valley Rehabilitation Services, Inc. P. O. Box 189											(Mo.)	(Day)	(Yr.)
Twin Falls, ID 83303-0189						5/18/2009				05	31	2009	
Item 1	Totals	s of all reportal	ble expenditures made o	r incurred b	y Lobb	byist o	r by l	Lobbyist's Empl	oyer on be	half of	Lobbyis	st's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel			*Total Amount for	Proportionate amounts contributed by each employer (Id Item 3, at bottom of page.)				oyer (Ident	ify emp	ployers, u	nder		
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		All Employers	Employer No. 1		1	Employer No. 2		Emplo	Employer No. 3		Employer No. 4		
Entertai	inment		_										
Food an	nd Refreshme	ent	<u> </u>	_ \$0			_ \$		\$			\$	
Living A	Accommoda	tions	0	- 0			.				-		
Advertising		0											
Travel			0	0			_				-		
Telephone			0	_ 0							-		
Other Expenses or Services			0	0			_				-		
					_		_						
		Total	s0	S	0		\$		S		s	<u> </u>	
*When t	he number of	employers you a	are reporting for requires mu	ultiple L-2 fo	orms to l	be filed	a tota	al amount for all e	mployers sh	nould be	entered o	on Page 1.	
	The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials member(s) of their household.								fficials an				
Item- 2		or aren nouse								ors, Public and Executive Officials			
	Date		Place		A	Amount and Hou			and Housen	sehold Members in Group			
		NONE											
	Continued on a	uttached nage(s)											
Continued on attached page(s)						Iter		Employer(s) Name(s) and Address(es)					
INSTRUCTIONS													
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					Magic Valley Rehabilitation Services, Inc. No.1 P. O. Box 189 Twin Falls, ID 83303-0189								
Filin	ng deadline:	Monthly rep	orts due within fifteen (15) days of	f the	No. 2							
mon	th for activit	ies of the past	month.										_
TO	BE FILED V		en Ysursa			No. 3							

No. 4

Item 4 is no longer statutorily required.

Subject matter of proposed legislation, the number of the Senate					LEGISLATIVE SUBJECT IDENTIFICATION						
or House Bill Resolution or other legislative activity in which				LEGISLATIVE SUBJECT IDENTIFICATION							
		obbyist was supporting or opp		Code	Subject	Code	Subject				
			01	Agriculture, horticulture,	17	Health service, medicine, drugs					
1 1 1		Appropriation Bill Number	farming, and livestock			and controlled substances, health					
(from	table)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals				
					and sports	18	Higher education				
44		1100 IF		03	Banking, finance, credit and	19	Housing, construction, codes				
11		NONE	NONE		investments	20	Insurance (excluding health				
				04	Children, minors, youth,		insurance)				
31		NONE	NONE		senior citizens	21	Labor, salaries and wages,				
				05	Church and religion	22	collective bargaining				
				06	Consumer affairs	22	Law enforcement, courts,				
				07	Ecology, environment, pollution,	22	judges, crimes, prisons				
					conservation, zoning, land and	23	License, permits				
				08	water use Education	24 25	Liquor Manufacturing, distribution and				
				09	Elections, campaigns, voting,	23	services				
				09	political parties	26	Natural resources, forest and				
				10	Equal rights, civil rights,	20	forest products, fisheries, mining				
				'0	minority affairs		and mining products				
				111	Government, financing,	27	Public lands, parks, recreation				
					taxation, revenue, budget,	28	Social insurance, unemployment				
•					appropriations, bids, fees, funds		insurance, public assistance,				
				12	Government, county		workmen's compensation				
				13	Government, federal	29	Transportation, highways,				
				14	Government, municipal		streets and roads				
				15	Government, special districts	30	Utilities, communications,				
				16	Government, state		televisions, radio, newspaper,				
							power, CATV, gas				
						31	Other (please specify) Rehabilitation				
						_					
					CERTIFICATION III (III)						
					CERTIFICATION: I hereby certify t correct statement in accordance with						
	1			1	correct statement in accordance with	Section	07-0024 IUANO COUC.				
Item		any rule, ratemaking decision									
6 bid or bid process, financial services or bond lobbyist was support-		/									
ing or opposing.] (Mumin	20	May 18, 2009					
		<u> </u>	<u> </u>] \			Date				
				/	Lobbyist signature		Date				
				$ / _{\lambda}$							
NONE											
		TOME									