

Rev. 06/2006

LOBBYIST ANNUAL REPORT FORM

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State of Idaho Ben Ysursa Secretary of State

To Be Filed By: L-2 LOBBYISTS (Sec. 67-6619)

08 JAN 31 AM 9:21 SECRETARY OF STATE STATE OF IDAHO

[X] Annual [ ] Semi-Annual

(Type or print clearly in black ink) See instructions at bottom of page

Lobbyist's name and permanent business address: Blue Cross of Idaho Health Service, Inc. P.O. Box 7408 Boise, ID 83707-7408 Date prepared: 1/22/08 Period covered: [X] year ending (Mo.) 12 (Day) 31 (Yr.) 07

Table with 6 columns: Category of Expenditure, \*Total Amount for All Employers, and four columns for Employer No. 1-4. Rows include Entertainment, Food and Refreshment, Living Accommodations, Advertising, Travel, Telephone, Other Expenses or Services, and a Total row.

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Table with 4 columns: Date, Place, Amount, Names of Legislators, Public and Executive Officials in Group. Header: The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.

[ ] Continued on attached page(s)

INSTRUCTIONS section containing filing rules and employer information for Blue Cross of Idaho Health Service, Inc. at 3000 E. Pine Avenue, Meridian, ID 83642.

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.		
	Date	Amount	Name of Legislator, Public or Executive Official Receiving or Benefiting

Item 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	

**LEGISLATIVE SUBJECT IDENTIFICATION**

<b>Code Subject</b>	<b>Code Subject</b>
01 Agriculture, horticulture, farming, and livestock	17 Health service, medicine, drugs and controlled substances, health insurance, hospitals
02 Amusements, games, athletics and sports	18 Higher education
03 Banking, finance, credit and investments	19 Housing, construction, codes
04 Children, minors, youth, senior citizens	20 Insurance (excluding health insurance)
05 Church and religion	21 Labor, salaries and wages, collective bargaining
06 Consumer affairs	22 Law enforcement, courts, judges, crimes, prisons
07 Ecology, environment, pollution, conservation, zoning, land and water use	23 License, permits
08 Education	24 Liquor
09 Elections, campaigns, voting, political parties	25 Manufacturing, distribution and services
10 Equal rights, civil rights, minority affairs	26 Natural resources, forest and forest products, fisheries, mining and mining products
11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27 Public lands, parks, recreation
12 Government, county	28 Social insurance, unemployment insurance, public assistance, workmen's compensation
13 Government, federal	29 Transportation, highways, streets and roads
14 Government, municipal	30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas
15 Government, special districts	31 Other (please specify) _____
16 Government, state	

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Item 6	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.

  
 Lobbyist Signature \_\_\_\_\_ Date 1/23/08  
 \_\_\_\_\_  
 Employer No. 1 signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Employer No. 2 signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Employer No. 3 signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Employer No. 4 signature \_\_\_\_\_ Date \_\_\_\_\_