

**LOBBYIST REPORT FORM**



State of Idaho

ANNUAL     SEMI-ANNUAL

Ben Yursa  
Secretary of State

To Be Filed By:

**L-2** LOBBYISTS  
(Sec. 67-6619)

10 JAN 27 PM 1:46

SECRETARY OF STATE  
STATE OF IDAHO

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

Lobbyist's name and permanent business address <b>Robert Hedequist 2448 24th Court NE Issaquah, Washington 98029</b>	Date prepared <b>January 15, 2010</b>	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) <b>12   31   09</b>
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Item 1 Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 0.00	\$ 0.00	\$	\$	\$
Food and Refreshment	0.00	0.00			
Living Accommodations	0.00	0.00			
Advertising	0.00	0.00			
Travel	0.00	0.00			
Telephone	0.00	0.00			
Other Expenses or Services	0.00	0.00			
<b>Total</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

\*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.

Item-2	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group
N/A				

Continued on attached page(s)

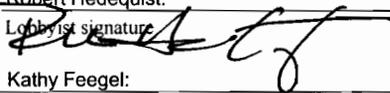
<b>INSTRUCTIONS</b>	<b>Item 3</b> Employer(s) Name(s) and Address(es)
<b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code	Amgen No. 1 601 13th Street, NW, 12th Floor Washington DC 20005
<b>Filing deadline:</b> Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.	No. 2
<b>TO BE FILED WITH:</b> Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 3
	No. 4

Item  
4

Item 4 is no longer statutorily required.

Item 5			LEGISLATIVE SUBJECT IDENTIFICATION	
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.			Code	Subject
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	Code	Subject
N/A			01	Agriculture, horticulture, farming, and livestock
			02	Amusements, games, athletics and sports
			03	Banking, finance, credit and investments
			04	Children, minors, youth, senior citizens
			05	Church and religion
			06	Consumer affairs
			07	Ecology, environment, pollution, conservation, zoning, land and water use
			08	Education
			09	Elections, campaigns, voting, political parties
			10	Equal rights, civil rights, minority affairs
			11	Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds
			12	Government, county
			13	Government, federal
			14	Government, municipal
			15	Government, special districts
			16	Government, state
			17	Health service, medicine, drugs and controlled substances, health insurance, hospitals
			18	Higher education
			19	Housing, construction, codes
			20	Insurance (excluding health insurance)
			21	Labor, salaries and wages, collective bargaining
			22	Law enforcement, courts, judges, crimes, prisons
			23	License, permits
			24	Liquor
			25	Manufacturing, distribution and services
			26	Natural resources, forest and forest products, fisheries, mining and mining products
			27	Public lands, parks, recreation
			28	Social insurance, unemployment insurance, public assistance, workmen's compensation
			29	Transportation, highways, streets and roads
			30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas
			31	Other (please specify) _____

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

Robert Hedequist:  
 Lobbyist signature:  Date: 1-25-10

Kathy Feegel:  
 Employer No. 1 signature:  Date: 1-25-10

Employer No. 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer No. 3 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer No. 4 signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Medicaid Preferred Drug List (PDL) position of Amgen products