

**LOBBYIST MONTHLY REPORT FORM**



**State of Idaho**  
Ben Yursa  
Secretary of State

To Be Filed By:  
**L-3** LOBBYISTS  
(Sec. 67-6619)

09 MAR 10 AM 8:04

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 <i>Morgan W. Richards Jr. 804 East Pennsylvania Lane Boise, Idaho 83706</i>	Date prepared <i>Amended 3/7/07</i>	Period covered <input checked="" type="checkbox"/> month ending (Mo) (Day) (Yr) <i>2   28   09</i>
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<b>Item 1</b>	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
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	\$ <i>357</i>	\$ <i>Ø</i>	\$ <i>Ø</i>	\$ <i>Ø</i>	\$ _____
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
<b>Total</b>	\$ <i>357</i>	\$ <i>Ø</i>	\$ <i>Ø</i>	\$ <i>Ø</i>	\$ _____

\*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.

<b>Item 2</b>	The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group	
	<i>Ø</i>			

Continued on attached page(s)

INSTRUCTIONS		Item 3	Employer(s) Name(s) and Address(es)
<p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Monthly reports due within fifteen (15) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b></p> <p>Ben Yursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>		No. 1	<i>Allstate Insure Compay 18711 North Creek Parkway #301 Bathall, Washkngta 98011</i>
		No. 2	<i>American Family Insure Compay 9510 Meridian Blvd. Englewood, Colorado 80112</i>
		No. 3	<i>Farm Bureau Mutual Insure Compay 275 Tierra Vista Drive Pocatello, Idaho 83201</i>
		No. 4	

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		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 357	\$ 0	\$ 357	\$ 0	
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
<b>Total</b>	\$ 357	\$ 0	\$ 357	\$ 0	

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

Item- 2	The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group	
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	No 2	International Hospital 303 Allen Street Boise, Idaho 83704
	No 3	Willowette Dental 6950 N.E. Cooper Way Hillsboro, Oregon 97124
	No 4	

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		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 357	\$ ∅	\$ ∅	\$ ∅	\$
Food and Refreshment					
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
<b>Total</b>	\$ 357	\$ ∅	\$ ∅	\$ ∅	\$

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<b>Item- 2</b>	The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household.			
	Date	Place	Amount	Names of Legislators, Public and Executive Officials and Household Members in Group
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