

Rev. 11/2011

**LOBBYIST REPORT FORM**

Page \_\_\_\_ of \_\_\_\_ Page(s)  
THIS SPACE FOR OFFICE USE ONLY



State of Idaho

ANNUAL     SEMI-ANNUAL

Ben Yursa  
Secretary of State

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

13 JAN -2 PM 1:08  
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  Brent J. Bryson, CEO Intermountain Hospital 303 N. Allumbaugh St. Boise, ID 83704	Date prepared  1/2/2013	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12   31   2012
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Item 1 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	\$ 0.00	\$	\$	\$	\$
Food and Refreshment	0.00				
Living Accommodations	0.00				
Advertising	0.00				
Travel	0.00				
Telephone	0.00				
Other Expenses or Services	0.00				
<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

\*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 The totals of each expenditure of more than one hundred (\$100) 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	
N/A	N/A	N/A	N/A	

Continued on attached page(s)

<b>INSTRUCTIONS</b>  <b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code  <b>Filing deadline:</b> Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.  <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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Item 3</th> <th style="width: 90%;">Employer(s) Name(s) and Address(es)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">No. 1</td> <td>Intermountain Hospital 303 N. Allumbaugh St., Boise, ID 83704</td> </tr> <tr> <td style="text-align: center;">No. 2</td> <td> </td> </tr> <tr> <td style="text-align: center;">No. 3</td> <td> </td> </tr> <tr> <td style="text-align: center;">No. 4</td> <td> </td> </tr> </tbody> </table>	Item 3	Employer(s) Name(s) and Address(es)	No. 1	Intermountain Hospital 303 N. Allumbaugh St., Boise, ID 83704	No. 2		No. 3		No. 4	
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Item 4	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.	LEGISLATIVE SUBJECT IDENTIFICATION																																																																																						
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number																																																																																						
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Item 5	Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.	<p style="font-size:1.2em; margin:0;"><i>MR BRYSON NO LONGER WITH INTELMOUNTAIN</i></p> <p>Lobbyist signature _____ Date _____</p> <p>Employer No. 1 signature <i>[Signature]</i> Date <i>1/2/13</i></p> <p>Employer No. 2 signature _____ Date _____</p> <p>Employer No. 3 signature _____ Date _____</p> <p>Employer No. 4 signature _____ Date _____</p>																																																																																						
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