

LOBBYIST MONTHLY REPORT FORM

Page _____ of _____ (a total of _____ pages)
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State of Idaho
 Ben Ysursa
 Secretary of State

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

12 MAR 08 PM 02:05
 SECRETARY OF STATE
 STATE OF IDAHO

SCANNED

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

| | | |
|--|----------------------------------|---|
| Lobbyist's name and permanent business address Julie Taylor 3000 E Pine Ave Meridian, ID 83642 | Date prepared 3/8/2012 | Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 2 29 2012 |
|--|----------------------------------|---|

| Item 1 Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported | *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 | \$ \$102.36 | \$ \$102.36 | \$ | \$ | \$ |
| 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 | | | |
| Total | \$ \$102.36 | \$ \$102.36 | \$ | \$ | \$ |

*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 dollars (\$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 |
| | | | | |

Continued on attached page(s)

| | | |
|---|--------|---|
| <p align="center">INSTRUCTIONS</p> <p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.</p> <p>TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p> | Item 3 | Employer(s) Name(s) and Address(es) |
| | No. 1 | Blue Cross of Idaho Health Service Inc 3000 E Pine Ave Meridian ID 83642 USA |
| | No. 2 | |
| | No. 3 | |
| | No. 4 | |

