FAX

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) Lincoln (First) Faye (Middle)	TELEPHONE (801) 325-0153 (801) 518-6565 (cell)
MAILING ADDRESS (Street) 206 North 2100 West	FAX (801) 596-9001
	EMAIL flincoln@avalonhci.com
(City) Salt Lake City (State) Utah (Zip Code) 84116	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Avalon Health Care, Inc.	TELEPHONE (801) 596-8844
MAILING ADDRESS (Street) 206 North 2100 West	FAX (801) 596-9001
	EMAIL www.avalonhci.com
(City) Salt Lake City (State) Utah (Zip Code) 84116	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Avalon Health Care, Inc	TELEPHONE (801) 596-8844
MAILING ADDRESS (Street) 206 North 2100 West	FAX (801) 596-9001
	EMAIL www.avalonhci.com
(City) Salt Lake City (State) Utah (Zip Code) 84116	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Thomas e. paget	TELEPHONE (801) 325-0179
MAILING ADDRESS (Street) 206 North 2100 West	FAX (801) 596-9001
	EMAIL tpaget@avalonhci.com
(City) Salt Lake City (State) Utah 84116 (Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☒ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☒ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

[signature] 1/21/2013.

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Thomas e. paget

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: Sr. Vice-President / CFO

NAME OF ORGANIZATION (if applicable): Avalon Health Care, Inc.

TELEPHONE: (801) 325-0179

MAILING ADDRESS (Street): 206 North 2100 West

FAX: (801) 596-9001

EMAIL: tpaget@avalonhci.com

(City): Salt Lake City (State): Utah (Zip Code): 84116

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

[signature] 1/22/13

(Signature of Authorizing Officer or Person Represented) (Date)