



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
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

'16 FEB -2 A10 :21

STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) <i>Lincoln</i>	(First) <i>Faye</i>	(Middle) <i>N/A</i>	TELEPHONE <i>(801) 325-0153</i>
MAILING ADDRESS (Street) <i>206 North 2100 West</i>			FAX <i>(801) 596-9001</i>
(City) <i>Salt Lake City</i>	(State) <i>Utah</i>	(Zip Code) <i>84116</i>	EMAIL <i>faye.lincoln@avalonhealthcare.com</i>
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) <i>Avalon Health Care, Inc.</i>			TELEPHONE <i>(801) 596-8844</i>
MAILING ADDRESS (Street) <i>206 North 2100 West</i>			FAX <i>(801) 596-9001</i>
(City) <i>Salt Lake City</i>	(State) <i>Utah</i>	(Zip Code) <i>84116</i>	EMAIL

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Avalon Health Care</i>			TELEPHONE
MAILING ADDRESS (Street) <i>see above</i>			FAX
(City) <i>Salt Lake City</i>			(State) <i>Utah</i>
(Zip Code) <i>84116</i>			EMAIL
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <i>Scott Carpenter</i>			TELEPHONE <i>(801) 924-7854</i>
MAILING ADDRESS (Street) <i>206 North 2100 West</i>			FAX <i>(801) 596-9001</i>
(City) <i>SALT Lake City</i>	(State) <i>Utah</i>	(Zip Code) <i>84116</i>	EMAIL <i>scott.carpenter@AVALONhealthcare.com</i>

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> 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.

Jay Lincoln _____ 1/11/2016

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<i>Scott Carpenter</i>		<i>SR. Vice-President / Chief Legal Officer</i>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<i>Avalon Health Care</i>		<i>(801) 924-7854</i>	
MAILING ADDRESS (Street)		FAX	
<i>206 North 2100 West</i>		<i>(800) 596-9001</i>	
(City)	(State)	EMAIL	(Zip Code)
<i>Salt Lake City</i>	<i>Utah</i>	<i>Scott.carpenter@avalonhealthcare.com</i>	<i>84116</i>

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

[Signature] _____ 1/11/2016

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