## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB 4040-0013

1. * Type of Federal Action:	2. * Status of Federal Action:	3. * Report Type:
a. contract	a. bid/offer/application	a. initial filing
b. grant	b. initial award	b. material change
c. cooperative agreement	c. post-award	
d. loan		
e. loan guarantee f. loan insurance		
	<b>F</b> 4 <sup>1</sup> 4	<u> </u>
4. Name and Address of Reporting Entity:		
Prime SubAwardee Tier if known:		
* Name		
* Street 1	Street 2	
* City	State	Zip
Congressional District, if known:		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
*Name Idaho Office of Energy and Mineral Resources		
* Street 1	Street 2	
304 N. 8th Street, Suite 250	PO Box 83720	7/m
* City Boise	State ID: Idaho	<i>Zip</i> 83702
Congressional District, if known: 2nd		
6. * Federal Department/Agency:	7. * Federal Prog	gram Name/Description:
DOE/NETL	Preventing Outages a Grid	and Enhancing the Resilience of the Electric
CFDA Number, <i>if applicable:</i>		
8. Federal Action Number, if known:	9. Award Amour	nt, if known:
	\$	
10. a. Name and Address of Lobbying Registrant:		
Prefix * First Name	Middle Name	
* Last Name	Suffix	
* Street 1	Street 2	
* City	State	Zip
b. Individual Performing Services (including address if different from No. 10a)		
Prefix * First Name Middle Name		
* Last Name	Suffix	
* Street 1	Street 2	<u> </u>
* City	State	Zip
Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which		
reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than		
\$10,000 and not more than \$100,000 for each such failure.  * Signature:		
*Name: Prefix * First Name	e Middle N	ame
* Last Name	Sui	ffix
Title:	Telephone No.:	Date:
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