	REGISTRATI				
Check applicable box: 🕖 New Registration	Amendment	Annual Renewal	Cancel Registration		
Permanent business address					
Lobbyist or Lobbyist Organization Full Name:	OM RUT	tertoro.			
Permanent Telephone Number: 505-26	<u>\$-1129</u> Email ad	dress: tomricine it	5-deswer cor		
Permanent Business Address: 1016 200	NECE NI	Medical September 1 			
city: Albriquesque	State:	Zip Code	: 87(6		
Business address while lobbying or conducting lobbyist campaigning					
Business Address: 1016 Monr	De NE				
city: Albanquingue	State:^	Zip Cod	e: <u>87110</u>		
=	st Organization	•			
Chairperson Full Name: TOM RU	TENERFO	no.			
Telephone Number: 95 C					
Address:					
City:	State:	Zip Code	:		
	ist Organizatio				
Treasurer Full Name: TOM Re					
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Telephone Number: as 400			33MANISOCIIIIIIIIIII EMBETTALE SILMANISOLOONI ON OO		
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City:	State:	Zip Code			
Lobbyist Organization	s Bank and Ch	ecking Account Infor	mation		
Name of Bank: Wells Tang	3				
Address: 20	oco como	cs NW			
city: Albanque que	State:	N N Zip Code	S0178 S0148.		
Checking Account Number:			10.000 (10.000) (10.000) (10.000) (10.000) (10.000) (10.000) (10.000) (10.000) (10.000) (10.000) (10.000) (10.000)		
All parties with Signature Auth	ority for Lobby	ist Organization's Ch	ecking Account		
Full Name: TOM RO	MERFO	>2 O			
Telephone Number: GS G	bore				
Address:					
City:	State:	Zip Code:			
Full Name:					
Telephone Number:	Annual annual in the second contract of the s				
Address:					
City:	State:	Zip Code:			

LOBBYIST'S EMPLOYERS Lobbyist's Employers Information				
Employer: ^		······································		
Address:				
City:	State:	Zip Code:		
Employer:				
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ity:	State:	Zip Code:		
For additional or	mployers, use a second form a			

OFFICIAL ACTION FORM				
Lob	byist's Permanent bus			
Lobbyist or Lobbyist Organization Full I	Name:			
Permanent Telephone Number:				
Permanent Business Address:				
		Zip Code:		
Official action the lo	obbvist or lobbvist orga	anization supports or opposes		
<u>ewardu</u>	ig of bil-	a Bio Pappel		
Lobbyist Official	Action Bank and Chec	king Account Information		
Name of Bank:				
AUUI PSS:				
City:	State:	Zip Code:		
Checking Account Number:				
	The same of the sa	's Official Action Checking Account		
Address:	as above	2,0		
City:	State:	Zip Code:		
Full Name:				
Address:				
City:	State:	Zip Code:		
as I continue to perform lobbyist activit	ties, as defined in the Lobbyist an occurs in the above information	we months after the date of this registration, as long d Lobbyist Organization Registration and Disclosure, including but not limited to, new official actions thin one month of such occurrence.		
I swaar ar affirm that ti	ha ahova information is towar	payment to the best of your by		
John Marin that the	ac above intormation is true and (correct to the best of my knowledge		
Signature	throthermore the state of the s	Date		