05/22

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
AKIBA	Lorraine	H.	529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			524-8293
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
McCORRISTON MILLER MUKAI MacKINNON LLP			529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			524-8293
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
24 Hour Fitness, USA, Inc.			(925) 543-3100
MAILING ADDRESS (Street)			FAX
12647 Alcosta Boulevard, Suite 500			(925) 543-3200
(City)	(State)	(Zip Code)	
San Ramon	CA	94583	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Dean Myatt			(925) 543-3347
MAILING ADDRESS (Street)			FAX
12647 Alcosta Boulevard, Suite 500			(925) 543-3358
(City)	(State)	(Zip Code)	
San Ramon	CA	94583	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

[ ] Agriculture	[ ] Education	[ ] Human Services	[ ] Science, Technology & Economic Development
[ ] Communications & Public Utilities	[ ] Government Operations & Finance	[ ] Intergovernmental Relations, International Affairs	[ ] Tourism & Recreation
[X] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[X] Labor & Employment	[ ] Transportation
[ ] Culture, Arts, Historic Preservation	[X] 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 Block — (Signature of Lobbyist)

1/3/07 — (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Dean Myatt	
NAME OF ORGANIZATION (if applicable)	TELEPHONE
24 Hour Fitness USA, Inc.	(925) 543-3347
MAILING ADDRESS (Street)	FAX
12647 Alcosta Boulevard, Suite 500	(925) 543-3358

(City)	(State)	(Zip Code)
San Ramon	CA	94583

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

Signature Block — (Signature of Authorizing Officer or Person Represented)

1/9/07 — (Date)