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
KEITH-AGARAN	GILBERT	S. C.	(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 N. CHURCH STREET, SUITE 409			(808) 244-4021
(City)	(State)	(Zip Code)	
WAILUKU, MAUI	HAWAII	96793-1608	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
TAKITANI & AGARAN, Law Corporations			(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 N. CHURCH STREET, SUITE 409			(808) 244-4021
(City)	(State)	(Zip Code)	
WAILUKU, MAUI	HAWAII	96793-1608	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
CLINICAL LABORATORIES OF HAWAII, LLP			(808) 680-7999
MAILING ADDRESS (Street)			FAX
91-2135 Fort Weaver Road #300			(808) 680-7990
(City)	(State)	(Zip Code)	
Ewa Beach	Hawaii	96706	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
FRANCIS U. IMADA			(808) 680-7234
MAILING ADDRESS (Street)			FAX
91-2135 Fort Weaver Road #300			(808)
(City)	(State)	(Zip Code)	
Ewa Beach	Hawaii	96706	

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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 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 Block — 1/16/2007

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
MOON S. PARK, President of Partner CLH, INC.	

NAME OF ORGANIZATION (if applicable)	TELEPHONE
CLINICAL LABORATORIES OF HAWAII, LLP	(808) 680-7999
MAILING ADDRESS (Street)	**FAX**
91-2135 Fort Weaver Road #300	(808) 680-7990

(City)	(State)	(Zip Code)
Ewa Beach	Hawaii	96706

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

Signature Block — 1-26-07

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