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LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)				
NAME	Last Miller	First Maile	Middle S.	
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
	733 Bishop Street, Suite 1900	Honolulu	Hawaii	96813
TELEPHONE NO. (808) 537-6100	E-MAIL mmiller@starnlaw.com			
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Bruce B. Robinson				
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
	P.O. Box 690086	Makaweli	Hawaii	96769
BUSINESS TELEPHONE NO. (808) 639-0685				

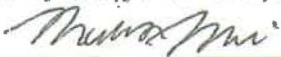
SUBJECT AREAS OF LOBBYING

(Bill / Resolution Number(s), Agenda Item(s), and/or Topic(s))

1. County Zoning Amendment (ZA-2026-2)
2. Petition for Zoning Amendment re 171.72 acres of land located in Kapalawai, Makaweli, Kauai, Hawaii, TMK No. (4) 17-005:001
3. Petition for Revocation of Special Management Use Permit SMA(U)-2002-6, Project Development Use Permit PDU-2002-15, and Class IV Zoning Permit ZIV-2002-20


CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

10/30/25
(Date)

AUTHORIZATION TO LOBBY

NAME Bruce B. Robinson	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED			
NAME OF ORGANIZATION (if applicable)			TELEPHONE NO. (808) 639-0685	
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code
	P.O. Box 690086	Makaweli	Hawaii	96769
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
 (Signature of Authorizing Officer)			<u>Nov 5, 2025</u> (Date)	