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LOBBYIST REGISTRATION STATEMENTHE COUNTY CLERK

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.

1 - 71	(Type or Print Clearly)			
NAME Last Yamane	First Michael	Middle		
BUSINESS MAILING ADDRESS S	treet City	State	Zip Code	
4463 Pahee Street, Suite #1	Lihue	HI	96766	
TELEPHONE NO. E-MA				
808-246-8208 myamane@kiuc.coop				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Kauai Island Utility Cooperative				
BUSINESS MAILING ADDRESS S 4463 Pahee Street, Suite #1	treet City Lihue	State HI	Zip Code 96766	
BUSINESS TELEPHONE NO. 808-246-8208				
SUBJECT AREAS OF LOBBYING				
(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))				
Energy-related bills				
<i>e</i>				
1				
CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Mull		1/27/12	-	
(Signature of Lobbyist)	(Date)			
<u></u>				
AUTHORIZATION TO LOBBY				
David J. Bissell CEO	OF AUTHORIZING C	OFFICER OF PER	SON REPRESENTED	
NAME OF ORGANIZATION (if applicable) Kauai Island Utility Cooperative		1	TELEPHONE NO. 808-246-4300	
ADDRESS OF ORGANIZATION OR PERSON Street City State Zip Code 4463 Pahee Street, Suite #1 Lihue HI 96766				
Invereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
(Signature of Authorizing Officer)				