

**LOBBYIST REGISTRATION**

DATE FILED PDC

**L1**  
(12/18)

**FEB 06 2019**

1. Lobbyist Name  
 Arbutus Consulting (Brian Enslow)

Permanent Business Address  
 PO Box 481

Business Telephone Numbers  
 Permanent ( 360 ) 489-8121  
 Temporary ( )

City State Zip  
 Olympia WA 98507

Cell Phone ( ) or Pager  
 360 489-8121

2. Temporary Thurston County address during legislative session  
 N/A

E-Mail Address  
 brian@arbutuslc.com

3. Employer's name and address (person or group for which you lobby)  
 Evergreen Recovery Centers  
 3019 Coby Avenue  
 Everett Wa 98201

Employer's occupation, business or description of purpose of organization  
 BH Treatment Center

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)  
 Linda Grant, CEO Evergreen Recovery Centers  
 PO Box 12598 Everett Wa 98206

Employer E-Mail Address  
 lgrant@evergreenrc.org  
 Phone Number (425) 258-2485

5. What is your pay (compensation) for lobbying?  
 \$ 2,500 per month  
 (hour, day, month, year)  
 Other: Explain:

Description of employment (check one or more boxes)  
 Full time employee  
 Part time or temporary employee  
 Contractor, retainer or similar agreement  
 Unsalariated officer or member of group  
 Sole duty is lobbying  
 Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.  
 Yes: \$ per  
 Yes: I am reimbursed for expenses.  
 No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?  
 If yes, explain which ones.  
 No

7. How long do you expect to lobby for this organization?  
 Permanent lobbyist  
 Only during legislative session  
 Other, Explain:

8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups, associations, or organizations? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450 this year.  
 No  
 Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450.  
 Yes. The list is of parties attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.  
 No  
 Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)  
 Brian Enslow, principal Arbutus Consulting.

11. Areas of Interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

01 <input type="checkbox"/> Agriculture	09 <input type="checkbox"/> Health Care
02 <input type="checkbox"/> Business and consumer affairs	10 <input type="checkbox"/> Higher education
03 <input type="checkbox"/> Constitutions and elections	11 <input checked="" type="checkbox"/> Human services
04 <input type="checkbox"/> Education	12 <input type="checkbox"/> Labor
05 <input type="checkbox"/> Energy and utilities	13 <input type="checkbox"/> Law and justice
06 <input type="checkbox"/> Environmental affairs - natural resources - parks	14 <input type="checkbox"/> Local government
07 <input type="checkbox"/> Financial Institutions and Insurance	15 <input type="checkbox"/> State government
08 <input type="checkbox"/> Fiscal	16 <input type="checkbox"/> Technology
	17 <input type="checkbox"/> Transportation
	18 <input type="checkbox"/> Other - Specify:

Remarks:

**CERTIFICATION:** I hereby certify that the above is a true, complete and correct statement.

**EMPLOYER'S AUTHORIZATION:** Confirming the employment authority to lobby described in this registration statement.

12. LOBBYIST'S SIGNATURE  
  
 DATE 2/6/19

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE  
 Linda Grant, CEO  
 EVERGREEN RECOVERY CENTERS  
 1/8/19