

No. <b>C 54107</b>		<b>Due no later than Sep 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  DAVID N. SIM, M.D., P.A. DAVID N SIM 6014 W. EMERALD ST BOISE ID 83704-8855		DAVID N. SIM, M.D. 6014 W. EMERALD ST BOISE ID 83704-8855			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	NANCY J. SIM	6014 W. EMERALD	BOISE	ID	USA	83704-8855	
5. Organized Under the Laws of:  <b>ID</b> <b>C 54107</b>		6. Annual Report must be signed.*  Signature: David N. Sim Name (type or print): David N. Sim					
		Date: 09/28/2015 Title: Owner-Physician.					
Processed 09/28/2015      * Electronically provided signatures are accepted as original signatures.							