No. <b>C 54107</b>		Due no later than Sep 30, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed. DAVID N. SIM, M.D., P.A. DAVID N. SIM 6014 W. EMERALD ST BOISE ID 83704-8855  2. Registered Agent and Address (N. DAVID N. SIM, M.D. 6014 W. EMERALD ST BOISE ID 83704-8855  3. New Registered Agent and Address (N. DAVID N. SIM, M.D. 6014 W. EMERALD ST 8015E ID 83704-8855		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DAVID DAVID 6014 W			gnature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	I Duning and Address	of Desident Country and Director Turney	way (asking)				
Office Held Name		ses of President, Secretary, and Directors. Treasu Street or PO Address	city	State	Country	Postal Code	
	/ J. SIM	6014 W. EMERALD	BOISE	ID	USA	83704-8855	
5. Organized Under the Laws of:  ID  C 54107	Signatu	Report must be signed.*  ure: David N, Sim, M.D.  (type or print): David N, Sim, M.D.		Date: 09/20/2010 Title: President/Owner			
Processed 09/20/2010	* Electroni	* Electronically provided signatures are accepted as original signatures.					