No. C 54107	Due no later than Sep 30, 2009	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. DAVID N. SIM, M.D., P.A. DAVID N SIM 6014 EMERALD ST BOISE ID 83701	6014 EMER BOISE ID	DAVID N. SIM, M.D. 6014 EMERALD ST BOISE ID 83704 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and B	usiness Addresses of President, Secretary, and Directors. Treasurer				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY NANCY	SIM 6014 EMERALD	BOISE	ID	USA	83704-8855
5. Organized Under the Laws of: ID C 54107	6. Annual Report must be signed.* Signature: David N. Sim, M.d.,p.a. Name (type or print): David N. Sim, M.d.,p.a.	Date: 09/14/2009 Title: Doctor			
Processed 09/14/2009	* Electronically provided signatures are accepted as original signatures.				