

No. C 54107	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		DAVID N. SIM, M.D. 6014 EMERALD ST BOISE ID 83704		
	DAVID N. SIM, M.D., P.A. MOFFATT, THOMAS ET AL P. O. BOX 829		3. Organized Under the Laws of:		
* FIRST NOTICE *	BOISE	ID 83701	ID	C 54107	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	DAVID N. SIM, M.D.	6014 Emerald Street	Boise	ID	83704
Secretary	NANCY J. SIM	6014 Emerald Street	Boise	ID	83704
Directors	DAVID N. SIM, M.D.	6014 Emerald Street	Boise	ID	83704
5. NATURE OF BUSINESS <i>Physician</i> ANY LAWFUL		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.			
Signature <i>[Signature]</i>		Date <u>10/30/96</u>			
Name (Typed or Printed) <u>David N. Sim, M.D.</u>		Title <u>President</u>			

ISSUED: 07-06-1996

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