No. C 54107	Due no later than September 30, 2005  Annual Report Form						2. Registered Agent and Office NO PO BOX DAVID N. SIM, M.D.			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable DAVID N. SIM, M.D., P.A. DAVID N SIM 6014 EMERALD ST BOISE, ID 83701						6014 EMERALD ST BOISE, ID 83704  3. New Registered Agent Signature		
NO FILING FEE IF									·	
RECEIVED BY DU  4. Corporations:	Enter Nam	es and E	3usines	s Add	esses of P	resident, Se	ecretary	and L	pirectors.	
		nes and Business Addresses of President, Sec Street or P.O. Address					<u>City</u>		<u>State</u>	<u>Zip</u>
	DAVID N.					Street	Bois	se,	ID	83704
	NANCY J.				Emerald		Bois	se,	ID	83704
Treasurer	DAVID N.	SIM, M	M.D.	6014	Emerald	Street	Boi	se,	ID	83704
5. Organized Under t IDAF C 54	10			gnature	David	N. Sim,	nn M.D.		Title	Aug 30,05 Owner
Issued 07/05/	2005				Not Tape	or Staple			20	0509004216