i	hild Yes 🗌 No 🗸	Have you excluded from this report any other assets, "unearned" income, transections, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct	ets, "unearned" int Do not answer "ye	Exemptions— Have you excluded from this report any other assets, "unearned" Income, transactions, or liable because they meet all three tests for exemption? Do not answer "yes" unless you have first confidence.  Standards of Official Conduct	
<del></del>	dent Yes [] No []	e on Standards of Official Conduct and certain other "excepted letails of such a trust benefiting you, your spouse, or dependent	ed by the Committe	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official trusts" need not be disclosed. Have you excluded from this report details of such a trust bene child?	
-1	STIONS	TION ANSWER EACH OF THESE QUESTIONS	ST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	U
<b>—</b>				If yes, complete and attach Schedule V.	
	and the appropriate	Each question in this part must be answered and the appropriate	Yes No	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	<u>.</u> <
		If yes, complete and attach Schedule IX.		if yes, complete and attach Schedule IV.	
-	OUTSIDE YES [] No 🔀	Bid you have any reportable agreement or arrangement with an outside IX entity?	Yes No	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	.₹
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	······································
	ling in the Yes ☐ No ☑	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No 🗀	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth	,≡
		and a		If yes, complete and attach Schedule II.	
	ten \$336 Yes No 🖸	Did you, your spouse, or a dependent child receive any reported traver or VII. rein)tursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No V	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	<b>.</b> =
		If yes, complete and attach Schedule VI.	:	If yes, complete and attach Schedule I.	
	therwise Yes No V	Did you, your spouse, or a dependent child receive any reportable girt in VI. the reporting period (i.e., eggregating more than \$335 and not otherwise exempt)?	Yes V No	Did you or your spouse have "earned" income (e.g., salarles or fees) of \$200 or more from any source in the reporting period?	١,
-			OF THESE QUESTIONS		핅
-	late.	on	☐ Termination	Type Amendment	
	more than 30 days	Termination Date:	, ,	Report	7 i
· · · · · · · · · · · · · · · · · · ·	be assessed against anyone who files			ntatives District:	<u></u>
	∆ \$200 penalty shall	Officer Or Employing Office:		Member of the U.S. State: ID	T
	(Office Use Only)	(Daylime Telephone)		(Full Name)	
ろ		202 225-5531		Michael K. Simpson	
_	FH 12: 09	2010 JUL -			
			AIIVES	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	ទ្ធ ⊆
		Page 1 of 6	7 7 7 7		
	HAND				

SCHEDULE I - EARNED INCOME	Name Michael K. Simpson		Page 2 of 6
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.	n any source (other than the filer's current employment he source and amount of any honoraria; list only the so	yment by the U.S. Government) totaling \$200 or more the source for other spouse earned income exceeding	1g \$200 or more scome exceeding
Source	Туре	Amount	
Battelle Energy Alliance	Spouse Salary	N/A	

Edward Jones - IRA	SP Idaho National Laboratory Employee Investment Plan (401K)	Public Employee Retirement System of Idaho	Smith Barney	SP Smith Barney 100 shares General Electric Co	SP Smith Barney - IRA	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, perent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.	Asset and/or income Source identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address, Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plants (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic jocation in Block A. For additional information, see the instruction booklet.	SCHEDULE III - ASSETS AND "UNEARNED" INCOME
	an Y	1ent		tric Co.		or income source is or is jointly held (JT),	e is rental income); any our spouse's child, less in personal ome derived from U.S.	uction of income with the reporting period, ich generated more For rental property or mes of stocks and iRAs and other st directed (I.e., plans d, to select the specific mation on each asset id. For retirement on holding the account or an active business usiness, the nature of A. For additional	EARNED" INCOM
\$500,001 - \$1,000,000	\$100,001 - \$250,000	\$15,001 - \$50,000	\$15,001 - \$50,000	\$1,001 - \$15,000	\$15,001 - \$50,000			Vali Vali desc. aluat han ta seet nethon nethon nethon nethon nethon nethon	E Name Michael K. Simoson
DIVIDENDS/CAPI TAL GAINS	DIVIDENDS/CAPI TAL GAINS	INTEREST	DIVIDENDS/CAPI TAL GAINS	None	DIVIDENDS/CAPI TAL GAINS			BLOCK C  Type of Income Check all columns that apply. For retrement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even it reinvested, should be listed as income. Check "None" it asset did not generate any income during the calendar year.	< Simpson
\$5,001 - \$15,000	\$2,501 - \$5,000	\$1,001 - \$2,500	\$5,001 - \$15,000	NONE	\$5,001 - \$15,000			Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, including all IRAs, Indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	
								BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Page 3 of 6

CHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Michael K. Simpson	K. Simpson		Page 4 of 6
JT	Edward Jones Idaho Health Fac Auth Rev Bond	None	DIVIDENDS/CAPI TAL GAINS	\$201-1000	တ
dS	D.A. Davidson & Co. 400 shares Boeing Co.	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	\$1-200	
SP	Farm Ground Blackfoot, Idaho	\$250,001 - \$500,000	RENT/CAPITAL GAINS	\$5,001 - \$15,000	
SP	Pheasant Hills Prop., LLC 255 W. 300 N. Blackfoot, Idaho	\$100,001 - \$250,000	NONE GAINS	\$100.000 WNE	S(part)
	Simpson Properties	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
SP	Westmark Credit Union Idaho Falls, Idaho Savings Account	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Q.	Blackfoot School District Blackfoot, Idolo Contract on Partial Sale of from Aroun 1 (2008)	15,001 - 50,000	Interest	5,001 - 15,000	

SCHE	SCHEDULE IV - TRANSACTIONS	Name Michael K. Simpson	mpson			Page 5 of 6
Report any or other so transaction	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	tent child during the report of the child during the report of the second of the secon	orting year on that resulted the purchase inow.	er of any real property, stocks, bonds, commodities future ted in a loss. Provide a brief description of any exchange hase or sale of your personal residence, unless it is rente	ocks, bonds, rief descripti onal residenc	commodities futures, on of any exchange to, unless It is rented
SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount	Amount of Transaction
JL	Edward Jones Idaho Health Fac Auth Rev Bond	S	No	6-4-09	\$1,001 - \$15,000	\$15,000
SP	Pheasant Hills Prop., LLC 255 W. 300 N. Blackfoot, Idaho	S(part)	N <sub>o</sub>	6-29-09	\$100,001	\$100,001 - \$250,000

SCHE	SCHEDULE V - LIABILITIES	Name Michael K. Simpson	Page 6 of 8
Report lia amount or furniture, cards) onl	Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, houser furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.	ng the reporting period by you, your spouse, or deposed on the seldence (unless all or part of it is rented out); loans nt, or sibling of you or your spouse. Report "revolved \$10,000.	your spouse, or dependent child. Mark the highest is rented out); loans secured by automobiles, household buse. Report "revolving charge accounts" (i.e., credit
SP, DC, JT	Creditor	Type of Liability	Amount of Liability
SP	Bank of America Wilmington, DE	Credit Card	\$15,001 - \$50,000

ADDITIONAL DOCUMENTS
(9 pages) Vanguard

Page > 1 of 6



KATHERINE SIMPSON 5265 SHADOW CREEK DR IDAHO FALLS ID 83401-6352



### INVESTMENT PLAN STATEMENT

ACCOUNT SUMMARY: 10/01/2009 - 12/31/2009 INL EMPLOYEE INVESTMENT PLAN-091194 DIVISION NAME: BEA/BBWI EXEMPT

Total Account Balance:

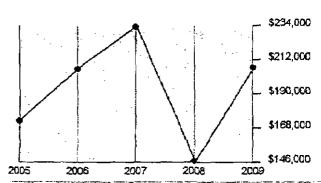
\$207,493.16

### Your Account Summary

Current Period	Year to Date
\$204,798.54	\$147,113.45
\$2,225.34	\$8,856.48
\$1,335.23	\$5,313.98
-\$2,595.79	\$44,153.16
\$1,744.18	\$2,110.21
-\$14.34	-\$54.12
\$207,493.16	<b>\$20</b> 7,493.16
	\$204,798.54 \$2,225.34 \$1,335.23 -\$2,595.79 \$1,744.18 -\$14.34

<sup>\*</sup>Can include plan recordkeeping, administrative, or purchase/redemption fees.

### Your Account Progress



Includes all contributions and market activity.

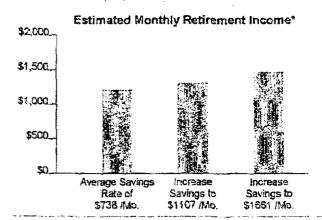
### Your Retirement Income Outlook™

In retirement, we estimate you'll be able to withdraw about \$1,215 a month from your employer's retirement plan at Vanguard.\* This estimate is based on your average monthly contributions of \$738 at Vanguard over the previous 12 months.

Need more? To have an estimated \$1,318 a month, your monthly contributions should average at least \$1,107 a month until retirement. For approximately \$1,472 a month, your monthly contributions should average \$1,561 a month until you retire.

If you've recently joined the plan or changed your contribution rate, your average monthly contributions will change gradually. Also, check your plan rules for contribution limits and restrictions.

How to take action: To raise your savings rate or further personalize this retirement income estimate, visit us online or call Vanguard at 800-523-1183. (Recent changes may not be reflected on this statement.)



\*Based on your current balance in qualified defined contribution plans administered by Vanguard, all contributions to these plans in the last 12 months, an annual after-inflation investment return of 4%, and withdrawal of 4% of your balance at age 66. Taxes may be due on withdrawals. The estimate is for illustrative purposes and not a guarantee. ‡

Connect with Vanguarche > 800-523-1188 > www.vanguard.com

0018531

3120

12882



### Your investments

### Your Asset Mix



a 89.3% Stock to 10.7% Short-Term Reserves

Diversification is important to successful retirement planning. For more information and other disclosures, see section labeled "Additional Information" at the end of your statement ##

		As of 12/31/2009
1 year	3 years	5 years
30.00%	-6.20%	-1.30%
		7,704

<sup>&</sup>quot;Your personal performance is based not only on the performance of your investments, but also the timing and amounts of any purchases and redemptions.

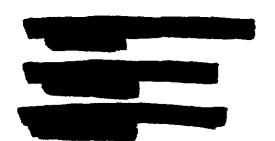
Investment Activity	·• · · .		•	•		
iNL Stable Value Fund	Beginning Balanca \$13,965,38	Contributions \$3,560.57	Other Transactions* \$4,769.29	Merket Gein/Loss \$0.00	Shares/ Units 22,295.240	Ending Balance \$22,295.24
Columbia Acom Fund Z  BB&T Mid Cap Value Fund	\$52,067.06 \$0.00	<b>\$0.00</b> \$0.00	\$50,108.18 \$90,951.59	-\$1,958.88 \$3,427.83		\$0.00 \$94,379.42
Vanguard® Morgan Growth Fund Inv Vanguard® Capital Opportunity Inv	\$28,381_88 \$40,072.90	\$0.00 \$0.00	\$28,005,33 -\$38,120.66	-\$376.55 - \$1,952.24		\$0.00 \$0.00
Vanguard® International Growth Inv Dodge & Cox Intl Stock	\$59,572.53 \$0.00	\$0.00 \$0.00	-\$59,069.55 \$91,920.67			\$0.00 \$90,818.50
Variguard® Inst Index Fund	\$10,738.79 \$204,798.54	\$0.00 \$3,560.57	\$10,607.99 \$1,729.84		0.000	\$0.00 \$207,493.16

<sup>\*</sup>Other Transactions may include incoming or outgoing assets not specified above, as well as plan record keeping, administrative or purchase/redemption fees, if applicable. For details, visit us online at www.vanguard.com.

Connect with Vanguard® > 800-523-1188 > www.vanguard.com

### Edward Jones





### 2009 CONSOLIDATED 1099 STATEMENT

(Includes 1099-INT, 1099-B.)

Figures Are Final

Printed on January 16, 2010

Page 1 of 4

Recipient's Name and Address:

MICHAEL K SIMPSON & KATHERINE SIMPSON 5265 SHADOW CREEK IDAHO FALLS ID 83401-6352

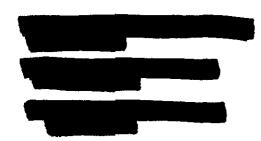
THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE, IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

	est neome : 2009 Siste reinion ediciens.	
Box 1	Interest Income	0.00
Box 2	Early Withdrawal Penalty	0.00
Вох 3	Interest on U.S. Savings Bonds and Treasury Obligations	0.00
Box 4	Federal Income Tax Withheld	0.00
Box 8	Tax-Exempt Interest	172.50
Box 9	Specified Private Activity Bond Interest	0.00

1099-E Pr	eseds From Bro	ker And Ba	keriExchange Transactions		XQ-71545-07151
Activity Type	Quantity (Box 5)/ CUSIP No. (Box 1b)	Date Of Sale or Exchange (Box 1a)	Description (Box 7)	Stocks, Bonds, etc. Gross Proceeds Less Commissions (Box 2)	Federal Income Tax Withheld (Box 4)
Sells	5,000 451295TW9	06/04	IDAHO HEALTH FACS AUTH REV	5,120.05	0.00
			Total	5,120.05	0.00

### Edward Jones

4/9



### COST BASIS SUMMARY

Figures Are Final

Printed on January 16, 2010

Page 2 of 4

Recipient's Name and Address:

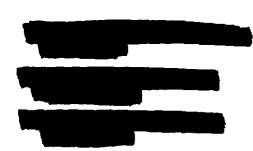
MICHAEL K SIMPSON & KATHERINE SIMPSON 5265 SHADOW CREEK IDAHO FALLS ID 83401-6352

THIS IS NOT A 1099 FORM AND IS NOT REPORTED TO THE IRS. It is a summary of the cost basis information for most of the transactions reported on your Form 1099-B. Please note that in the table below, the LT indicates a long-term—gain/(loss), and a ST indicates a short-term—gain/(loss), and a UN indicates the holding period could not be determined. Cost Basis Information may be from outside sources or provided by clients and has not been verified for accuracy. It should not be relied upon for tax preparation purposes without independent verification by your tax professional. While we have attempted to adjust cost basis for items such as wash sales, return of capital or corporate actions like mergers and spin-offs, we cannot guarantee completeness in all cases. The Average Cost method is used to calculate the cost basis for open-end—mutual funds. The FiFO (first-in, first-out) method is used for all other securities. If any other method of calculating cost basis has been used for your tax preparation, do not rely on the following figures.

Quantity/ CUSIP No.	Description/ Adjustments	Date Acquired	Date Sold	Proceeds (Sales Price)	Cost Basis	Gain/Loss(-)
5,000 451295TW9	IDAHO HEALTH FACS AUTH REV	11/25/2008	06/04	5120.05	5,000.00	120.05 ST
		Total ST P				5,120.05
	,	Total ST C	ost Basis	3		5,000.00
		Total ST G	ain			120.05
		Total ST L	oss		·	O. <b>O</b> G
		Net ST G/I	_			120.05
		Net Gain/l	oss(-)			120.05

### Edward **Jones**

5/9



### SUMMARY OF INVESTMENT INCOME

Figures Are Final

Printed on January 16, 2010

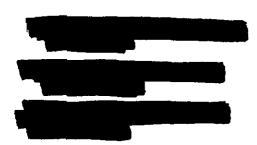
Page 3 of 4

Recipient's Name and Address:

MICHAEL K SIMPSON & KATHERINE SIMPSON 5265 SHADOW CREEK IDAHO FALLS ID 83401-6352

THIS IS NOT A 1099 FORM ........ It is a summary of the income you received from your Edward Jones account in 2009. For a complete description of each activity, please refer to your account statement for that period. If you have any questions, please contact your Edward Jones Financial Advisor.

2009 Date	Description	CUSIP No.		Amount in 2009					
Interest facomer Tax Exempt									
05/01	IDAHO HEALTH FACS AUTH REV	451295TW9	137.81	•					
06/08	IDAHO HEALTH FACS AUTH REV	451295TW9	34.69	*					
	Total Tax-Free Muni Not Subj AMT (Box 8 on 1099-l	172.50							
	otal Income from Municipal Obligations Issued in y	our State and Owned Directly	172:50	į.					



### 2009 ADDITIONAL TAX INFORMATION

Figures Are Final

Printed on January 16, 2010

Page 4 of 4

Recipient's Name and Address:

MICHAEL K SIMPSON & KATHERINE SIMPSON 5265 SHADOW CREEK IDAHO FALLS ID 83401-6352

This supplemental information for state tax exclusions reports the amount of income derived from federal, municipal and US territory obligations. A portion of this amount may be excludable from state taxable income based upon the state's law. The information below includes the state of issuance of the municipal bond or the state from which income is derived. This state is presumed to be your state of residency. If the state indicated is not your state of residency, please notify your financial advisor, whose name and contact information is provided below. Please contact your tax advisor to determine how much of the income may be excludable from your taxable state income.

Potential State Tax Exclusions from Municipal and US Territory Obligations

Total Income from Municipal Obligations Issued in your State and Owned Directly (Refer to Summary of investment income section of tax package for itemized payments.)

\$172.50

This ADDITIONAL TAX INFORMATION has been supplied to Edward Jones by outside sources. While we cannot assure the accuracy of this information, we believe it to be correct. This information is intended as a general guide and does not constitute tax advice. You should consult your tax professional or state tax authority to determine how this information may apply to your specific situation.

\*\*\*\*\*\* Please refer to the enclosed tax reporting brochure for further explanation of how this \*\*\*\*\* supplemental information affects your tax return.

Thank you for doing business with Edward Jones. This is the end of your 2009 tax reporting information. If you have any questions concerning any matter, especially errors or omissions, contact Neil & Nathan Anderson at 208-785-3370 immediately or the Edward Jones Tax Hotline at 1-800-282-0829. 17,618,76

YEAR-TO-DATE

FINANCIAL CONSULTAN DECEMBER 2009 STATEMENT OF ACCOUNT 10/01/09 TO 12/31/09

ğ

ACCOUNT NUMBER

FC NUMBER 1140 1906 JENNIE LEE DRIVE IDAHO FALLS, ID 83404 05A OFFICE# DC81D4

TAX ID NUMBER FILE õ

### **ACTIVITY SUMMARY**

THIS MONTH TOTAL BEGINNING ACCOUNT WALTON

MONEY ACTIVITY THIS PERIOD: MONEY RECEIVED PROM:

TANDERSON SOLD STATE OF THE STA

CARROLL CONTROL PROBLEM TO LINE TO MINISTER TO A SECTION OF THE PROPERTY OF TH INCOME

TOTAL MONEY RECEIVED OTHER

MONEY USED FOR:

INVESTMENTS DURCHABED DADVANTAGE CHECKS WITHDRAWALS

(1,000.00)

The State of the S

672.48

168.00

enterest charges DADVANTAGE VISA

TOTAL MONEY DEAD NET CHANGE IN MONEY BALANCES OTHER

INVESTMENT ACTIVITY THIS PERIOD:

Land Water Broad Service

4,584,00

(1,000,00)

(327.52)

NET PUNCHASES AND BANES DEFENSE INVESTMENTS PORCHABED INVESTMENTS SOLD

TOTAL ACCOUNT VALUE ON 12/31/09 CHANGE IN INVESTMENT VALUES

33, 075, 24

INCOME SUMMARY

THE COLUMN TWO IS NOT THE PARTY OF THE PARTY NON-TAX INTEREST SOLD

|--|

### MESSAGE TO CLIENTS

Oblain a free copy of D.A. Davidson & Co.'s September 30, 2009, Statement of Financial Condition by Visiting our web site at www.davidaoncompanies.com, by calling 1-800-332-5915, or by contacting your Financial Consultant. Statement of Financial Condition Available for

D.A. Davidson & Co. is subject to the Uniform Net Capital Rule(1503-1) pursuant to the Securities Exchange Act of 1934. Under the alternate method, the Company is required to maintain a net capital amount in excess of the greater of \$250,000 or 2% of aggragate debit balances as defined in the Formula for Reserve Requirements under SBC Rule 15c1-3. At Saptember 30, 2009, the Company's net capital of

\*\* PLEASE SEE IMPORTANT DISCLOSURES UNDER THE SECTION TITLED "BANK INSTRED DEPOSIT PROGRAM" IN THIS STATEMENT

\*The IRS has extended the 2009 mailing deadline for 1099s to 2/16/10.\*

561,553,327 was 83.8% of aggregate debit items and net capital

exceeded the regulred capital of \$1,468,380 by \$60,084,947.

672.00 TAXABUM CAMPEKEST KOLD Segrences of commences of the comm YEAR-TO-DATE The second secon PAXXALA DIVIDENDS WOUNDS WOUNDS WITH TER OUT ENORT TERN CONDUCTOR CONTRACTOR C NON-TAXABLE DINIBANDS OF THE PROPERTY OF THE P THIS MONTH ETHURD DANTHERSHIP DISH TAXABLE INTEREST PURCHASED NON-TAX INTEREST PURCHASED NON-TAXABLE MNY FUND DIV MONEY FOND DIVIDEND NON-TAXABLE INTEREST LONG TERM CAP GAIN TAXABLE INTEREST TOTAL

SEE REVERSE SIDE FOR STATEMENT CONTENT EXPLANATION

672:00

YOUR TOTAL BORROWING POWER IS \$10,800 BORROWING POWER IS RETIMATED AS PIFTY PERCENT OF MARGINABLE SECURITIES IN YOUR INVESTMENT ACCOUNT. PLEASE CALL YOUR PINANCIAL CONSULTANT FOR APPLICABLE INTEREST RATES AND LOAN ELIGIBILITY.

Constitution (Constitution)

APY IS A PERCENTAGE RATE THAT REPLECTS THE TOTAL AMOUNT OF INTEREST PAID ON THE ACCOUNT, BAGED ON THE INTEREST RATE AND THE PREDUENCY 0.01% FOR THE PERIOD ENDING 12/31/09, THE INTEREST RATE ON YOUR BANK DEPOSIT PROGRAM IS 0.01%, WHICH EQUATES TO AN APY OF OF COMPOUNDING FOR A 365-DAY PERIOD,

## \*\*\* 2009 YEAR-END TAX INFORMATION \*\*\*

BE ON THE LOOKOUT FOR YOUR 2009 DAVIDSON 1099 TAX FORM CONTAINING INFORMATION NEEDED TO PREPARE YOUR 2009 TAX RETURNS, WE WILL HAVE OUR 1099 FORMS PREPARED AND MAILED TO YOU BY PEBRUARY 16,2010, IF YOU OWNED AN INTEREST IN A LIMITED PARTNERSHIP ANYTIME DURING 2009, YOU WILL RECRIVE A TAX REPORTING PORM K-1 DIRECTLY FROM THE PARTNERSHIP. IF YOU HAVE QUESTIONS REPARDING ANY INPORMATION REPORTED TO YOU ON THE DAVIDSON 1099 OR A PARTNERSHIP K-1, PLEASE CONTACT YOUR FINANCIAL CONSULTANT

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BSTIMATES AND THE ACTUAL INCOME AND YIELD MIGHT BE LOWIR OR HIGHER THAN THE ESTIMATED ANCONYS, EAY REFLECTS ONLY THE INCOME GENERATED BY AN INVESTMENT INCLUDED ON THIS STATEMENT. "ESTIMATED ANNUAL INCOME" (BAI) INFORMATION PRESENTED DELOW, WHEN AVAILABLE, REFLECTS THE ESTIMATED AMOUNT YOU WOULD EARIN FIGASE REFER TO THE SECTION "PORTFOLIO SECURITIES HELD AT D.A. DAVIDSON & CO." ON THE BACK OF THIS STATEMENT FOR INFORMATION CONCERNING MARKET PRICES ON A SECUATIV IP YOUR CURRENT POSITION AND ITS RELATED INCOME REMAINED CONSTANT FOR A VEAR. "CURRENT EST. YIELD" (EAY), WHEN AVAILABLE, REFLECTS THE AND IT DOES NOT REFLECT CHANGES IN THE BECURITIES" PRICE MAY FLOCTCATE, THE INFORMATION OSED TO DERIVE THERE ESTIMATES IS OBTAINED PROMITHED CURRENT ESTIMATED ANNOAL INCOME DIVIDED BY THE CURRENT WALNES VALUE OF THE SECURITY AS OF THE STATEMENT CLOSING DAYE. BAI AND EAY CONTAIN CERTAIN TYPES OF SECURITIES THAT COULD INCLUDE A RETURN OF PRINCIPAL CAPITAL GAINS, IN WHICH CASE THE RAI OR EAY WOULD BE OVERSTATED. IN ADDITION, BONDS CALLS. MATURITIES, RECLASSIFICATION OF DIVIDANDS, CAPITAL GAINS AND RETURN OF CAPITAL MAY OVERSTATE OR UNDERSTATE BAI OR EAY. EAI AND EAY ARE PARTIES WE CONSIDER RELIABLE, PAST PERFORMANCE IS NO GUARANTEE OF FUTURE RESULTS.

	N/A 54.13 21,652.00 672.00 3.10%
•	6/18/08 N/A
	400 BOEING CO(BA)

COUT INFORMATION IS PRESENTED AS A GENERAL GUIDE TO PURTPOLIO PERPORMANCE. THE VALUES PRESENTED SHOOLD NOT BE RELIEU UPON FOR TAX PURPOSES PLEASE COMPARE THESE VALUES TO YOUR MUNCHASE RECONDS AND NOTLY YOUR FINANCIAL CONSULTANT IF CORRECTIONS ARE REQUIRED

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	DAILY TOTAL	169.00			BALANCE	255.24			423,24
	AMOUNT	168.00	168:00		AMOUNT		168.00	168,00	
					SOURCE/USE		T CASH ACCOUNT	banklinburëd deposie-programsacilulity-tootalish werklings van Librang in 1.000 in 168.00	
	DESCRIPTION	400 BORING CO(BA)	INCOME ACTIVATY TOTAL	ix.	DESCRIPTION	OPENING BALANCE	PURCHASE PR(1) CASH ACCT	KSURED DEPOSION PROGRENAMACTIVITY	CLOSING BALANCE
INCOME ACTIVITY	ACTIVITY	CASH DIV 400 BG	INCOME	BANK INSURED DEPOSIT PROGRAM ACTIVITY.	ACTIVITY	BANK INGURED DEPOSIT PROGRAM	DREOSIT	BANK.,IN	BANK INSURED DEPOSIT PROGRAM
INCO	DATE	12/04/09		BANK INSURED DI	DAVE	BANK INSURED	12/07/09		BANK INSURED

## BANK INSURED DEPOSIT PROGRAM \*\*

BANK AND LOCATION

Deutsche Bank, New York,

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TOTAL BANK INSURED DEPOSITS

423,24

CURRENT VALUE

PERIOD AND THE "INCOME ACTIVITY" SECTION OF THIS STATEMENT FOR THE TOTAL INTEREST BARNED AND CREDITED DURING THE PERIOD, FUNDS HELD IN THE BANKS SHOWN ABOVE ARE OBLIGATIONS OF THOSE BANKS AND NOT OF D.A.DAVIDSON & CO. FUNDS HELD IN THE BIDP ARE INSURED UP TO APPLICABLE LIMITS BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (EDIC). THE SECURITIES INDUSTRY PROTECTION CORPORATION (SIPC) HAS TAKEN THE POSITION THAT IT WILL NOT COVER CUSTOMER BALANCES HELD IN PROGRAMS SUCH AS THE BIDP. MORE INFORMATION ABOUT D.A. DAVIDGON'S BIDP HAY BE OBTAINED AT WIW.DADAVIDGON.COM/BIDP. QUESTIONS ABOUT THE BIDP OR YOUR BALANCES AND ACCOUNT ACTIVITY IN THE \*\* AS OF THE END OF THE PERIOD COVERED BY THIS STATEMENT YOU HAD YUNDS IN THE AMOUNTS AND AT THE BANK (S) SHOWN ABOVE RELATING TO THE BANK INSURED DEPOSIT PROGRAM (BIDP), FOR OTHER INFORMATION RELATING TO THE BIDP SER THE "OTHER INFORMATION" SECTION OF THIS STATEMENT FOR THE INTEREST RATE EARNED DURING THE BIDP SHOULD BE DIRECTED TO YOUR FINANCIAL CONSULTANT,

### \*\*\* END OF STATEMENT \*\*\*

RESEARCH RATINGS FROM STANDARD & POOR'S AND MOODY'S FINANCIAL INPORMATION SERVICES MAY BE DISPLAYED FOR CERTAIN SECURITIES LISTED ON THIS STATEMENT. RAYINGS REPRESENT THE OPINIONS OF THE RESEARCH PROVIDERS, ARE SUBJECT TO CHANGE, AND SHOULD NOT BE CONSTRUED AS REPRESENTATIONS OR GUARANTEES OF PERFORMANCE. WE OBTAINED THIS INFORMATION FROM THIRD PARTIES AND THEREFORE WE CANNOT CUARANTEE ITS ACCURACY, PLEASE CONSULT YOUR FINANCIAL CONSULTANT FOR AN INTERPRETATION OF THESE HATINGS AS THEY RELATE TO YOUR PORTFOLIO