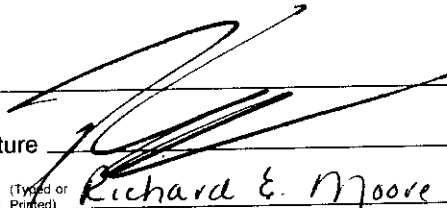


No. W 2749	Due no later than August 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		RICHARD E MOORE, MD 6500 W EMERALD BOISE, ID 83704													
	AOC, LLC RICHARD E MOORE, MD 6500 W EMERALD BOISE, ID 83704		3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Richard E. Moore</td> <td>6500 Emerald</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip		Richard E. Moore	6500 Emerald	Boise	ID	83704
Office held	Name	Street or P.O. Address	City	State	Zip											
	Richard E. Moore	6500 Emerald	Boise	ID	83704											
5. Organized Under the Laws of: IDAHO W 2749		6. Signature  Date <u>8-29-05</u> Name (Typed or Printed) <u>Richard E. Moore MD</u> Title _____														

Do Not Tape or Staple

200508001303