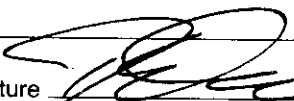


No. W 2749	Due no later than Aug 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX RICHARD E MOORE, MD 6500 W EMERALD BOISE, ID 83704												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MOORE - WATERS PROPERTY L.L.C. RICHARD E MOORE, MD 6500 W EMERALD BOISE, ID 83704		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>RICHARD E. MOORE MD</td> <td>6500 Emerald St</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		RICHARD E. MOORE MD	6500 Emerald St	Boise	ID	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	RICHARD E. MOORE MD	6500 Emerald St	Boise	ID	83704										
5. Organized Under the Laws of: IDAHO W 2749		6. <div style="margin-top: 20px;">  </div> Signature _____ Date <u>8-29-02</u> Name <small>(Typed or Printed)</small> <u>RICHARD E. MOORE MD</u> Title _____													