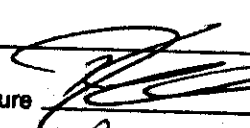


No. W 2749 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than August 31, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable AOC, LLC RICHARD E MOORE, MD 6500 W EMERALD BOISE, ID 83704	2. Registered Agent and Office NO PO BOX 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%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 40%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Richard E Moore MD</td> <td>6500 W Emerald St</td> <td>Boise</td> <td>Id</td> <td>83704</td> </tr> <tr> <td>member</td> <td>William C Lindner MD</td> <td>6500 W 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>	Member	Richard E Moore MD	6500 W Emerald St	Boise	Id	83704	member	William C Lindner MD	6500 W Emerald St	Boise	Id	83704
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member	William C Lindner MD	6500 W Emerald St	Boise	Id	83704															
5. Organized Under the Laws of: IDAHO W 2749	6.  Signature _____ Date <u>7-5-07</u> Name (Typed or Printed) <u>Richard E. Moore MD</u> Title _____																			

Issued 06/01/2007

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