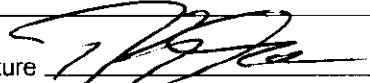


No. W 2749	Due no later than Aug 31, 2000	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form	RICHARD E MOORE, MD
	1. Mailing Address - Correct in this box, if applicable MOORE - WATERS PROPERTY L.L.C. RICHARD E MOORE, MD 6500 W EMERALD BOISE, ID 83704	6500 W EMERALD BOISE, ID 83704
		3. <u>New Registered Agent Signature</u>

4. Limited Liability Companies: Enter Names and Addresses of Members.

<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	Boise	ID	83704
	STANLEY J. WATERS MD	6500 Emerald	Boise	ID	83704

5. Organized Under the Laws of: IDAHO W 2749	6.  Signature _____ Date <u>6-12-00</u> Name (Typed or Printed) <u>RICHARD E. MOORE MD</u> Title: <u>MEMBER</u> XXXX
--	--