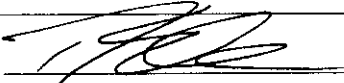


No. W 2749	Due no later than August 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable:		RICHARD E MOORE, MD 6500 W EMERALD BOISE, ID 83704												
	AOC, LLC RICHARD E MOORE, MD 6500 W EMERALD BOISE, ID 83704		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Richard E. Moore</td> <td>6500 W Emerald</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	6500 W Emerald	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	6500 W Emerald	Boise	ID	83704										
5. Organized Under the Laws of: IDAHO W 2749	6.  Signature _____ Date <u>8-11-03</u> Name (Typed or Printed) <u>RICHARD E. MOORE MD</u> Title <u>MD</u>														