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|--|-----------------------|--|-------|---|---------|-------------|--|
| No. W 2749 | | Due no later than Aug 31, 2012 | | 2. Registered Agent and Address (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 6500 W EMERALD BOISE ID 83704 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | AOC, LLC RICHARD E MOORE, MD 6500 W EMERALD BOISE ID 83704 USA | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | RICHARD E MOORE, MD | 6500 W EMERALD | BOISE | ID | USA | 83704 | |
| MEMBER | WILLIAM C LINDNER, MD | 6500 W EMERALD | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: ID W 2749 | | 6. Annual Report must be signed.* Signature: Kirsten Grunzke Name (type or print): Kirsten Grunzke | | | | | |
| | | Date: 06/12/2012 Title: Practice Administrator | | | | | |
| Processed 06/12/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |