

No. C 59634

## Annual Report Form

1996

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct. If Not Correct

JOHN T. MOONEY, D.M.D., P.A.  
JOHN T. MOONEY, D.M.D.P.A.  
333 WEST CEDARJOHN T. MOONEY, D.M.D.,  
333 WEST CEDAR

POCATELLO ID 83201

3. Organized Under the Laws of:

ID C 59634

\* FIRST NOTICE \*

POCATELLO ID 83201

4. Corporations: Enter Names and Addresses of
- President, Secretary and Directors**
- 
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers or
- ☐
- Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

President John T. MOONEY 333 W Cedar Poca. Id. 83201

Secretary Jim Lee 215 N 9 Av (83201) " " "

Director Katie Mooney 2645 Summers Way Poca Id 83204

5. NATURE OF BUSINESS

GENERAL DENTISTRY

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete

Signature

Date

10-1-96

Name (Typed or Printed)

Title

JOHN T. MOONEY

PRESIDENT

ISSUED: 07-06-1995

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