No.	C126332	Annual Report Form 19			2. Registered Agent and Office NOT A P.O. BOX			
Return to:		Due No Later Than November 30,		DARREL MOONEY				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *		1. Mailing Address - Please Correct, If Not Correct 314 W BANNOCK						
		CAPITOL DENTAL, P.C.		BOISE	10	83702		
		314 H BANNOI	314 W BANNOCK		30100			
		JIT W BANKOUK		3. Organized Under the Laws of:				
		BOISE	ID 8379	02	ID	0126	332	
4. Cor Lim	rporations: Enter Names an nited Liability Companies: E	d Business Addresses of Pre inter Names and Addresses	esident, Secretary and loof Managers or	Directors	(check one)			
Offi	ice held Name	Stre	et or P.O. Address		City	State	Zip	
Q.	esident Dar	Street or P.O. Address 1166 Clear Creek Thu Mooney "1"			Boise	(1)	83709	
5	lec Rosen	HANN Mooney	·(14	t_{∞}	F	
5. Signature of New Registered Agent Signature Signature Name (Typed or Printed) Davrel Mooney Title President							9	
	(1)	Signatur	· · ·	Mode	Date _	Preside	nt-	
		Name (ř	inted)	1000		1146		
	ISSUED: 07-U3-	7777			4	. 1 1 4 0		