

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED		1. Mailing Address: <i>Please Correct, If Not Correct</i> JOHN T. MOONEY, D.M.D., P.A. JOHN T. MOONEY, D.M.D.P.A 333 WEST CEDAR POCATELLO ID 83201 0000

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	JOHN T. MOONEY	333 W Cedar	POCA	ID	83201
Secretary:					
Directors:	J.R. MOONEY	405 N Lincoln	POCA	ID	

5. Nature of Business

GEN. 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

Name (Typed or Printed)

Date

Title

[Signature]
JOHN T. MOONEY
 7/10/92
 PRESIDENT