INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

No. 59634

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1990

1. Mailing Address — *Please Correct*

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

POCATELLO ID 83201

2. Registered Agent and Office

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

POCATELLO ID 83201 369

3. Incorporated Under The Laws of ID

NO: 059634

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	JOHN T. MOONEY DMD	333 W Cedar	Pocatello	Id	83204
Secretary:	J.R. MOONEY DMD	405 N. Lincoln	"	"	"
Directors:	JOHN T. MOONEY	333 W Cedar	"	"	"

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 John T. Mooney Date 8/1/90

Name (Typed or Printed) JOHN T. MOONEY Title PRESIDENT