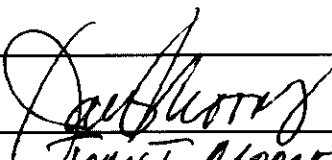


No. C 59634	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX JOHN T. MOONEY, D.M.D., F 333 WEST CEDAR POCATELLO ID 83201	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct JOHN T. MOONEY, D.M.D., P.A. JOHN T. MOONEY, D.M.D.P.A 333 WEST CEDAR POCATELLO ID 83201		3. Organized Under the Laws of: ID C 59634	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	JOHN T. MOONEY	333 W Cedar	Poca.	ID 83201
Sec. Treas	Kathleen Mooney	2045 Summers Way	ID	83204
5. Signature of New Registered Agent		6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name (Typed or Printed) JOHN T. MOONEY </div> <div style="width: 35%;"> Date 8/3/99 Title PRESIDENT </div> </div>		

ISSUED: 07-03-1999

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