

No. C 59634

Due no later than November 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JOHN T. MOONEY, D.M.D., P.A.
JOHN T. MOONEY, D.M.D.P.A.
333 WEST CEDAR
POCATELLO, ID 83201

JOHN T. MOONEY, D.M.D., P.
333 WEST CEDAR
POCATELLO, ID 83201

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<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
Sec - Treas	Kyle Siemen	333 W Cedar	Okea	Id	83201

5. Organized Under the Laws of:
IDAHO
C 59634

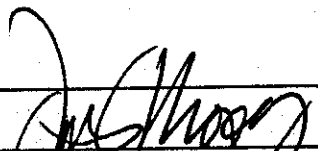
6.

Signature

Date

Name (Typed or Printed)

Title


John T. Mooney President
9/10/07

Issued 09/04/2007

Do Not Tape or Staple

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