

No. C 59634	Annual Report Form Due No Later Than November 30, 1997	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 ☐ Managers or ☐ Members (check one)		
Office held	Name	Street or P.O. Address
PRESIDENT	JOHN T. MOONEY	333 W Cedar
SEC	JIM LEE	801 BENTON
Director	KATHLEEN MOONEY	2645 SUMMERS WY.
		POCATELLO ID 83201
5.	6. Signature <u><i>John T. Mooney</i></u> Date <u>7/16/97</u> Name (Typed or Printed) <u>JOHN T. MOONEY</u> Title <u>PRESIDENT</u>	

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

596