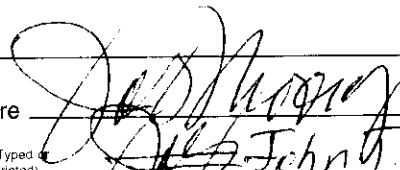


No. C 59634	Due no later than November 30, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX JOHN T. MOONEY, D.M.D, P. 333 WEST CEDAR POCATELLO, ID 83201
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing 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	3. <u>New</u> 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	Pocatello	Id	83201
Director	Kyle Siemen	333 W Cedar	Pocatello	Id	83201
Secretary	Katie Mooney	2645 Summers Way	Pocatello	Id	83201

5. Organized Under the Laws of: IDAHO C 59634	6. Signature  Name (Typed or Printed) <u>John T. Mooney</u> Date <u>10/04/06</u> Title <u>President</u>
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Issued 09/01/2006

Do Not Tape or Staple

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