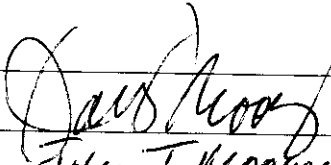
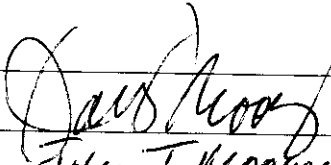
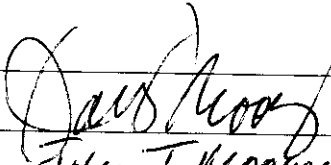


No. C 59634 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Nov 30, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable JOHN T. MOONEY, D.M.D., P.A. JOHN T. MOONEY, D.M.D.P.A 333 WEST CEDAR POCATELLO, ID 83201	2. Registered Agent and Office NO PO BOX JOHN T. MOONEY, D.M.D, P. 333 WEST CEDAR POCATELLO, ID 83201 3. <u>New</u> Registered Agent Signature
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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>
PRES	JOHN T. MOONEY	333 W Cedar	Pocatello	Idaho	83201
SEC	KATIE MOONEY	333 W Cedar	Pocatello	Idaho	83201

5. Organized Under the Laws of: IDAHO C 59634	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>10/2/00</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>John T. Mooney</u></td> <td>Title: <u>President</u></td> </tr> </table>	Signature 	Date <u>10/2/00</u>	Name (Typed or Printed) <u>John T. Mooney</u>	Title: <u>President</u>
Signature 	Date <u>10/2/00</u>				
Name (Typed or Printed) <u>John T. Mooney</u>	Title: <u>President</u>				

Issued 09/04/2000

Do Not Tape or Staple

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