

INSTRUCTIONS ON REVERSE SIDE

No. 51598

Idaho Corporation Annual Report Form

ISSUED: 07-01-1997
2. Registered Agent and Office NOT A P.O. BOX

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720* FIRST NOTICE *
NO FEE REQUIRED

Due No Later Than November 1, 1997

1. Mailing Address: *Please Complete in Block Capital*PIONEER MEDICAL CLINIC, INC.
NORMAN C. STEADMAN
P. O. BOX 340

PIERCE ID 83546

NORMAN STEADMAN
COMMUNITY CTR., CARLE STREET

PIERCE ID 83546

3. Incorporated Under The Laws

of ID
NO: 51598

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Norman C. Steadman	P.O. Box 312	Weippe	Idaho	83553
Secretary:	Lenore Semmler	P.O. Box 34	Pierce	Idaho	83546
Directors:	Mary Ellen Durant	P.O. Box 385	Pierce	Idaho	83546
	Robert Brown	P.O. Box 51	Pierce	Idaho	83546
	Curtis Bellomy	P.O. Box 186	Pierce	Idaho	83546
	Carol Lange	P.O. Box 238	Pierce	Idaho	83546
	Harmon L. Bonner	4075 Hwy 11	Weippe	Idaho	83553

5. Nature of Business

Rural Health Clinic

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature
Name (Typed or Printed)*Norman C. Steadman*
Norman C. Steadman

Date 07-14-93

Title Board Chairman