

No. C 51598	Due no later than Jun 30, 2013 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
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 needed. PIONEER MEDICAL CLINIC, INC. ROBERT D BROWN P. O. BOX 340 PIERCE ID 83546-0340	ROBERT D BROWN 105 CARLE STREET PIERCE ID 83546				
		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ROBERT D BROWN	P O BOX 51	PIERCE	ID	USA	83546-0051
SECRETARY	LESLIE K POTRATZ	P O BOX 97	PIERCE	ID	USA	83546-0097
5. Organized Under the Laws of: ID C 51598	6. Annual Report must be signed.* Signature: Carol Lange Name (type or print): Carol Lange		Date: 04/30/2013 Title: Clinic Secretary			
Processed 04/30/2013		* Electronically provided signatures are accepted as original signatures.				