

No. C 51598

Annual Report Form 1998
Due No Later Than November 30,Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address: Please Correct, If Not Correct

PIONEER MEDICAL CLINIC, INC.
JAMES MALLORY
P. O. BOX 340

2. Registered Agent and Office NOT A P.O. BOX

NORMAN STEADMAN
COMMUNITY CTR., CARLE ST

PIERCE ID 83546

3. Organized Under the Laws of:

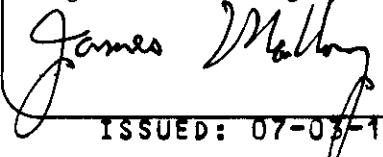
ID C 51598

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors

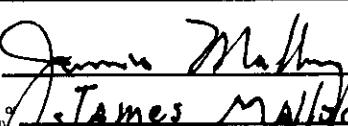
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	James Mallory	Box 340	Pierce	ID	83546
Member	Robert Brown	415 Cedar	Pierce	ID	83546
Member	Stacy Anderson	427 Cedar	Pierce	ID	83546

5. Signature of New Registered Agent



6.

Signature Name (Type or
Printed) 

Date 8-7-98

Title Chairman

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

12361

↓ DO NOT TAPE OR STAPLE ↓