

No. C 51598	Annual Report Form 1998 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX James Mallory NORMAN STEADMAN COMMUNITY CTR., CARLE ST PIERCE ID 83546
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address: Please Correct, If Not Correct PIONEER MEDICAL CLINIC, INC. JAMES MALLORY P. O. BOX 340 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

James Mallory

6.

Signature

James Mallory

Date

8-7-98

Name

(Typed or Printed)

James Mallory

Title

Chairman

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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