

No. <b>C 51598</b>	<b>Due no later than 6/30/2009 Annual Report Form</b>		2. Registered Agent and Address (NO PO BOX)	
Return to:  SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		<input checked="" type="checkbox"/> Robert D. Brown <input checked="" type="checkbox"/> COMMUNITY CTR., CARLE STREET <input checked="" type="checkbox"/> PIERCE ID 83546	
	PIONEER MEDICAL CLINIC, INC. Robert D. Brown P. O. BOX 340 PIERCE ID 83546			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			3. New Registered Agent Signature: <i>Robert D. Brown</i>	
Office Held	Name	Street or PO Address	City	State Zip
Director	Robert D. Brown	P.O. BOX 340	Pierce	ID 83546
Member	Leslie Potratz	P.O. Box 340	Pierce	ID 83546
Member	Nancy Maki	P.O. Box 340	Pierce	ID 83546
Member	Norman Steadman	P.O. Box 340	Pierce	ID 83546
5. Organized Under the Laws of:  <b>ID C 51598</b>	6. Annual Report must be signed. Signature: <i>Robert D. Brown</i> Date: <b>8-5-09</b> Name(type or print): <b>Robert D. Brown</b> Title: <b>Director</b>			