

No. <b>C 51598</b>		<b>Due no later than Jun 30, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON 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>  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:		6. Annual Report must be signed.*					
<b>ID C 51598</b>		Signature: Carol Lange				Date: 07/12/2012	
		Name (type or print): Carol Lange				Title: Clinic Secretary	
Processed 07/12/2012		* Electronically provided signatures are accepted as original signatures.					