

No. 51598	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To	Due No Later Than November 1, 1989	NORMAN STEADMAN
Secretary of State	1. Mailing Address — Please Correct 51598	COMMUNITY CTR., CARLE STREET
Room 203, State House	PIONEER MEDICAL CLINIC, INC.	PIERCE ID 83546
Boise, ID 83720	NORMAN C. STEADMAN	3. Incorporated Under The Laws
NO FEE REQUIRED	P. O. BOX 340	of IDAHO
	PIERCE IDAHO ID 83546	NO: 51598

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	NORMAN STEADMAN	BOX 312	WEIPPE	IDAHO	83553
Secretary:	LENORE SEMMLER	BOX 34	PIERCE	IDAHO	83546
Directors:	MARY ELLEN DURANT	BOX 385	PIERCE	IDAHO	83546
	ROBERT BROWN	BOX 51	PIERCE	IDAHO	83546
	RAYMOND ALFREY	BOX 417	PIERCE	IDAHO	83546
	ELAINE CRAWFORD	BOX 357	PIERCE	IDAHO	83546
	HARMON L. BONNER		WEIPPE	IDAHO	83553

5. Nature of Business

RURAL HEALTH CLINIC

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

NORMAN C. STEADMAN

Date

7/14/89

Title BOARD CHAIRMAN