

No. C 51598

Annual Report Form
Due No Later Than November 30, 1996

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

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 Current)

PIONEER MEDICAL CLINIC, INC.
~~NORMAN C. STEADMAN~~ James Mallory
P. O. BOX 340

NORMAN STEADMAN
COMMUNITY CTR., CARLE ST

PIERCE ID 83546

3. Organized Under the Laws of:

ID C 51598

* FIRST NOTICE *

4. Corporations: Enter Names and 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
Chairman	James Mallory	P.O. Box 66	Weippe	Idaho	83553
Co-Chairman	Robert Brown	P.O. Box 51	Pierce	Idaho	83546
Sec-Treas.	Carol Lange	P.O. Box 238	Pierce	Idaho	83546

5. NATURE OF BUSINESS

Rural Health Clinic
ANY LAWFUL

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 James Mallory

Date 8/20/96

Name (Typed or Printed) James Mallory

Title Board Chairman

ISSUED: 07-06-1996

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