No. C 51598

Due no later than June 30, 2008

Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

1. Mailing Address Correct in this box if applicable

PIONEER MEDICAL CLINIC, INC.
JAMES MALLORY JAMES MALLORY
P. O. BOX 340
PIERCE, ID 83546-0340

2. Registered Agent and Office NO PO BOX

~~JAMES MALLORY~~
COMMUNITY CTR., CARLE STREET
PIERCE, ID 83546

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Director	James Mallory	PO Box 340	Pierce	ID	83546
Member	Nancy Maki	PO Box 340	Pierce	ID	83546
Member	Leslie Potratz	PO Box 340	Pierce	ID	83546
Member + Assistant Director	Robert Brown	PO Box 340	Pierce	ID	

5. Organized Under the Laws of:
IDAHO
C 51598

6. Signature [signature] Date 5-14-08

Name (Typed or Printed) Robert D. Brown Title Asst. Director

20080606000350

Issued 04/01/2008

Do Not Tape or Staple