			ISSUED: 07	-05-199	4
No. 51598 Idaho Corporation Annual Reportation To  Due No Later Than November 1,199		oration Annual Report Form	Apparts in average approved		
		Than November 1,1994	NORMAN STEADMAN COMMUNITY CTR. CARLE STREE		
Secretary of State		1. Mailing Address — Factor Court of Mail Content		n mer er helmin	լահատ հեշ և հեշ ը Բ <u>ի</u> հատ հա
Room 203, Statehouse P.O. BOX 83720	PIONEER MEDICAL CLINIC, INC. NORMAN C. STEADMAN P. O. BOX 340		PIERCE	ID	83546
Boise, ID 83720-0080			3. Incorporated Under The Laws		
* FIRST NOTICE * NO FEE REQUIRED	PIERCE	ID 83546	of ID NO: 51598	•	
4. Names and Addresses of Office	ers and Directors	MUST BE PRINTED OF	R TYPED		
	<u>Name</u>	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>
President: Norman C. Steadman		P.O. 312	Weippe	Idaho	83553
Secretary: Patty Ausman		HC 64 Box 7	Pierce	Idaho	83546
Directors: James Mallory		HC 64 Box 1006	Headquarters	Idaho	83546
Robert Brown		Box 51	Pierce	Idaho	83546
Carol Lange		P.O. Box 238	Pierce	Idaho	83546
Harmon L Bonner Clarence Lage		4075 Hwy. 11	Weippe	Idaho	83546
		3056 Larson Rd.	Weippe	Idaho	83553
			•		
5. Nature of Business	6. I certify	that this Annual Report has been exa	mined by me and is to the	best of my	knowledge
Rural Health Clini	C Signature	true, correct and complete.  Signature // / Arms Date 07-14-94			
	Name (Type	Norman C. Steadman	Title Boa	Title Board Chairman	