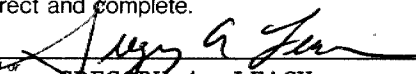
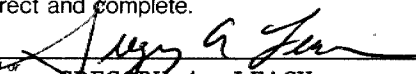
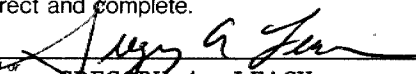


ISSUED: 07-05-1994

No. 61419	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994	C T CORPORATION SYSTEM 300 N 6TH ST
	1. Mailing Address — PAYMENT INSURED PLAN, INC. FRED W. HAMPLE BOX 7668 EUGENE OR 97440	BOISE ID 83701 3. Incorporated Under The Laws of OR NO: 61419

4. Names and Addresses of Officers and Directors					
NOT BE PRINTED OR TYPED					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	DENNIS S. MCNALLY	P O BOX 7668	EUGENE	OR	97401
Secretary:	GREGORY A. LEACH	P O BOX 7668	EUGENE	OR	97401
Directors:	FRED W. HAMPLE	P O BOX 7668	EUGENE	OR	97401
	CLARENE O. HAMPLE	P O BOX 7668	EUGENE	OR	97401
	DARCENE MCNALLY	P O BOX 7668	EUGENE	OR	97401

5. Nature of Business INSURANCE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7/22/94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>GREGORY A. LEACH</td> <td>Title</td> <td>SECRETARY</td> </tr> </table>	Signature		Date	7/22/94	Name (Typed or Printed)	GREGORY A. LEACH	Title	SECRETARY
Signature		Date	7/22/94						
Name (Typed or Printed)	GREGORY A. LEACH	Title	SECRETARY						