

<b>C 133533</b> n to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Apr 30, 2001 Annual Report Form</b> 1 Mailing Address - Correct in this box, if applicable <b>COMPLEMENTARY HEALTHCARE PLANS, INC</b>  5319 SW WESTGATE DR STE 130  PORTLAND, OR 97221 2430	2. Registered Agent and Office <b>NO PO BOX</b>  <b>CT CORPORATION SYSTEM</b> 300 N 6TH ST  BOISE, ID 83701  3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Richard D. Brinkley	5319 SW Westgate Dr., Suite 130	Portland,	OR	97221
Director	Richard Tilden	1250 Baseline Cornelius,	OR	97113	
Director	Marian Fish	3241 NE Broadway	Portland,	OR	97232
Director	Arthur Walker	3241 NE Broadway	Portland,	OR	97232
Director	Clyde Jensen	049 SW Porter St.	Portland,	OR	97201
Director	Bruce Chaser	3343 SE Hawthorne	Portland,	OR	97214
Director	Jerome Fladoos	12508 NE Halsey	Portland,	OR	97230
Director	Gary Edwards	11130 SW Wood Duck Place	Beaverton,	OR	97007

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>OREGON</b>  <b>C 133533</b> </div>	6. Signature <u>Mary Hall</u> Date <u>2/13/01</u> Name (Typed or Printed) <u>Mary Hall</u> Title: <u>Controller</u> <div style="text-align: center;"><del>XXXX</del></div>
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