




<b>No. 61419</b>	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1993	2. Registered Agent and Office <b>NOT A P.O. BOX</b> C T CORPORATION SYSTEM 300 N 6TH ST  BOISE ID 83701																																				
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  ★ FIRST NOTICE ★ NO FEE REQUIRED	1. Mailing Address: <b>PAYMENT INSURED PLAN, INC.</b> <b>FRED W. HAMPLE</b> <b>BOX 7668</b>  <b>EUGENE OR 97440</b>	3. Incorporated Under The Laws of OR NO: 61419																																				
<b>4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED</b>																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>DENNIS S. MCNALLY</td> <td>P O BOX 7668</td> <td>EUGENE</td> <td>OR</td> <td>97401</td> </tr> <tr> <td>Secretary:</td> <td>GREGORY A. LEACH</td> <td>P O BOX 7668</td> <td>EUGENE</td> <td>OR</td> <td>97401</td> </tr> <tr> <td>Directors:</td> <td>FRED W. HAMPLE</td> <td>P O BOX 7668</td> <td>EUGENE</td> <td>OR</td> <td>97401</td> </tr> <tr> <td></td> <td>CLARENE O. HAMPLE</td> <td>P O BOX 7668</td> <td>EUGENE</td> <td>OR</td> <td>97401</td> </tr> <tr> <td></td> <td>DARCENE MCNALLY</td> <td>P O BOX 7668</td> <td>EUGENE</td> <td>OR</td> <td>97401</td> </tr> </tbody> </table>				<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
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<b>5. Nature of Business</b>  INSURANCE	<b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature             Name (Printed) <b>GREGORY A. LEACH</b> </td> <td style="width: 40%;">           Date <b>7/8/93</b>            Title <b>SECRETARY</b> </td> </tr> </table>		Signature  Name (Printed) <b>GREGORY A. LEACH</b>	Date <b>7/8/93</b> Title <b>SECRETARY</b>																																		
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