

☐ CORRECTED (if checked)

RECIPIENT'S name, street address, city, state, ZIP code, and telephone number

BANK OF THE CASCADES

P O BOX 369

BEND, OR 97709

8776173400

Calendar

year 2006

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

OMB No. 1545-0047
Statement for Recipients of Interest Income
Copy B - For Recipient
2006
Form **1099-INT**

7 Foreign country or U.S. possession

5 Investment expenses

0.00

8 Tax-exempt interest

0.00

9 Specified private activity bond interest

0.00

Recipient's identification number

93-0929446

6 Foreign tax paid

0.00

All account(s) shown below are for the Recipient identification number shown at left.

Account Number (see instructions)

12002603

1 Interest income not included in Box 3.

33.14

2 Early Withdrawal Penalty

0.00

4 Federal income tax withheld

0.00

RECIPIENT'S Federal identification number

93-0658404

3 Interest on U.S. Savings Bonds and Treas. obligations

0.00

RECIPIENT'S name, street address, city, state, and ZIP code

|||||

OREGON CHAPTER PRIMA

101 NW A STREET

GRANTS PASS, OR 97526-2000

TOTALS

33.14

0.00

0.00

1099-INT

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

post
1099 etc.
tax docs



City of Redmond
Human Resources Department
716 SW Evergreen
P.O. Box 726
Redmond, Oregon 97756
Sharonh@ci.redmond.or.us

FAX

TO: Roxanne Walls
OF Mt Hood Community College
FAX: 503 / 491-7278
PHONE: 503/491-6057
FROM: Sharon Harris
Director of Human Resources
OR-PRIMA Treasurer

PAGES 3 x (including cover sheet)
DATE: September 11, 2007
SUBJECT: Tax ID info for OR-PRIMA

Roxanne

Following please find two documents for OR-PRIMA. The first is a document from State of Oregon showing the non-profit status the second is from the IRS showing the EIN Number.

Please let me know if you have any other questions.

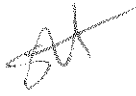
Thank you



City of Redmond
Human Resources Department
716 SW Evergreen
P.O. Box 726
Redmond, Oregon 97756
Sharonh@ci.redmond.or.us

FAX

TO:	Jennifer Lee
OF	Valley Oak Systems
FAX:	925/901-1020
PHONE:	925/242-7439
FROM:	Sharon Harris
	Director of Human Resources
PAGES	3x (including cover sheet)
DATE:	September 20, 2007
SUBJECT:	Or-PRIMA sponsorship



Jennifer,

I received Valley Oaks commitment to contribute \$500 to OR-PRIMA conference in October – Thank you. Following please find documentation to support the non-profit status of OR-PRIMA and the Federal EIN number.

Thank you

Sharon Harris

From: Tiffany Cargo [Tiffany.Cargo@tristargroup.net]
Sent: Thursday, January 24, 2008 10:10 AM
To: Sharon Harris
Subject: FW: W-9
Importance: High

Hi Sharon,

Please read below and send me a copy of your W-9 as soon as possible. We need to send out your 1099 by next Thursday and don't have any tax information on file. My fax number is 562) 432-8579 and my phone number is 562) 495-6600 ext 1017 if you need to get in touch with me. Please respond ☺ Thanks!

Instructions: We are about to pay you an amount that may be reported to the Internal Revenue Service (IRS). The IRS will match this amount to your tax return. In order to avoid additional IRS scrutiny, we must provide the IRS with your name and Taxpayer Identification Number. The name we need is the name that you use on the tax return that will report this amount. We are required by law to obtain this information from you.

Exempt from backup withholding: If you are exempt from backup withholding, indicate the reason why and we will not send you a 1099 form.

Penalties: Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to 28% federal income tax backup withholding. If you do not provide us this information, you may be subject to a \$50 penalty imposed by the IRS under section 6723. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Confidentiality: If we disclose or use your taxpayer Identification Number in violation of Federal law, we may be subject to civil and criminal penalties.

Tiffany Cargo

Accounts Payable

TRISTAR Insurance Group, Inc.

100 Oceangate, Suite 700

Long Beach, CA 90802

(562) 495-6687 Phone

(562) 432-8579 Fax

1/24/2008



City of Redmond
Human Resources Department
716 SW Evergreen
P.O. Box 726
Redmond, Oregon 97756
Sharonh@ci.redmond.or.us

FAX

TO:	Tiffany Cargo
OF	TRISTAR
FAX:	562/432-8579
PHONE:	
FROM:	Sharon Harris
	PRIMA
PAGES	2x (including cover sheet)
DATE:	January 24, 2008
SUBJECT:	W-9 PRIMA

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <u>Oregon Chapter Public Risk Management Association</u>	
	Business name, if different from above <u>c/o Sharon Harris City of Redmond</u>	
	Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ☒ <u>Non-profit</u>	☐ Exempt from backup withholding
	Address (number, street, and apt. or suite no.) <u>716 SW Evergreen Street</u>	
	City, state, and ZIP code <u>Redmond OR 97756</u>	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
9	3	0	9	2	9	4	4	6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person <u>Sharon Harris</u>	Date <u>1/24/08</u>
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

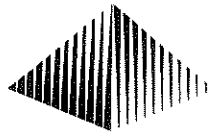
For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



GROVE, MUELLER & SWANK, P.C.

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

May 2, 2006

Board of Directors
Oregon Chapter of PRIMA

We have applied the agreed upon procedures, as discussed below to the accounting records of Oregon Chapter of PRIMA for the years ended December 31, 2003, 2004 and 2005. It is understood this report is solely for your information and is not to be referred to or distributed for any purpose to anyone who is not a member of management of Oregon Chapter of PRIMA. The procedures and findings are as follows:

The minutes were reviewed for the three year period ended December 31, 2003, 2004 and 2005.

The bank checking account was reconciled for the three year period ended December 31, 2003, 2004 and 2005. Supporting documentation for the conference and membership fee revenue items were traced to the bank statements. All copies of checks and expenditure items were traced from available supporting documentation to the bank statements. All bank service fees and interest earned were recorded. Our procedures were limited to recorded transactions.

Because the above procedures do not constitute an audit conducted in accordance with generally accepted auditing standards, we do not express an opinion on any of the accounts or items referred to above. Had we performed additional procedures or had we conducted an audit of the financial statements in accordance with generally accepted auditing standards, matters might have come to my attention that would have been reported to you. This report relates only to the accounts and items specified above and does not extend to any financial statements of the Oregon Chapter of PRIMA taken as a whole.

Charles A. Swank, CPA
Grove, Mueller & Swank, PC

www.gmscpa.com

Mailing Address • P.O. Box 2122 • Salem, Oregon 97308-2122

Salem • 475 Cottage Street NE, Suite 200 • Salem, Oregon 97301-3814 • (503) 581-7788 • FAX (503) 581-0152
Albany • P.O. Box 663 • 519 S. Lyon Street • Albany, Oregon 97321-0570 • (541) 967-2315 • FAX (541) 926-5926

MEMBERS OF THE MCGladREY NETWORK • WORLDWIDE SERVICES THROUGH RSM INTERNATIONAL

GROVE, MUELLER & SWANK, P.C.

MEMORANDUM

TO: Oregon Chapter PRIMA
FROM: Larry E. Grant, CPA
DATE: May 2, 2006

RE: System Descriptions for Cash Receipts and Cash Disbursements

Oregon Chapter PRIMA is a small not-for-profit entity that collects membership dues and hosts a conference for members and nonmembers on a yearly basis.

Cash receipts are limited to membership dues, sponsorship receipts and interest. Cash disbursements are limited to expenses relating to the conference, reimbursements to members for attending the national conference and office expenses.

Sara Stevenson was the treasurer through the end of 2004 and solely responsible for bookkeeping and financial reporting. In January 2005 Mary Hoskins took over as treasurer until around August 2005 when Sara Stevenson was again named treasurer.

Cash receipts are received by the treasurer. The deposit is prepared, recorded and delivered to the bank by the treasurer.

When invoices are received, the treasurer prepares the checks by hand and enters them on a manual register. Checks are also signed by Sara Stevenson.

There is no segregation of duties due to the size of the entity. We are not relying on controls, as we are performing the agreed upon procedures. Because of the size of the agreed upon procedures, we will review all deposits and disbursements.

GROVE, MUELLER & SWANK, P.C.

MEMORANDUM

TO: Oregon Chapter PRIMA
FROM: Larry E. Grant, CPA
DATE: May 2, 2006

RE: System Descriptions

Disbursements

There are generally few disbursements. The disbursements are issued from a bank account in care of Marion County.

There are disbursements related to the monthly board meetings, the annual conference and a few office expenses. The treasurer pays the bills upon receiving the invoice, Sara Stevenson signs the check and mails it.

Receipts

Receipts come in the form of conference sponsorships and membership dues. There is never "cash" to deposit. Checks are sent to PRIMA in care of Marion County. Sara Stevenson receives the checks and prepares the deposit. She reconciles the bank on a monthly basis.

Because there is basically only one person responsible for the bookkeeping requirements of PRIMA, there is not good system for internal control. However, we are not relying on the controls in these agreed upon procedures as we are performing substantive agreed upon procedures.

BY WHOM PAID

DIRECT INQUIRIES TO:

503-316-4000

WEST COAST BANK
P. O. BOX 827
SALEM, OR 97308-0827

Payer's Federal identifying number

93-0118700

1 Interest income not included
in Box 3

24.45

Recipient's identifying number

93-0929446

2 Early withdrawal penalty

.00

PAYER'S RTN (OPTIONAL)

1232-00088

3 Interest on U.S. Savings
Bonds and Treas. obligations

.00

CORRECTED (if checked) ☐

If your taxpayer identifying number is
not shown or is incorrectly shown,
please furnish the correct number to
the payer.

TO WHOM PAID

OMB No. 1545-0112

1999

Interest Income

Copy B
For RecipientFORM 1099 INTEREST
SUBSTITUTE

OREGON CHAPTER-PRIMA
155 N FIRST AVE SUITE 320
HILLSBORO OR 97124-0000

RECEIVED
JAN 24 2000
HUMAN RESOURCES

4 Federal income tax withheld

.00

5 Investment expenses

.00

6 Foreign tax paid

.00

7 Foreign country or U.S. possession

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence
penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Keep this copy for your records.

INTEREST STATEMENT FOR 1999

TYPE	ACCOUNT NUMBER	INTEREST EARNED	FORFEITURE	FEDERAL TAX WITHHELD
VIP CHECKING ACCOUNT	23834	17.37	.00	.00
STATEMENT SAV (BUS) ACCOUNT	390942	7.08	.00	.00

00654780199610230010006

STATE OF OREGON
CORPORATION DIVISION
1996 ANNUAL REPORT

Registry Number: 006547-80
Date of Incorporation: 10/23/1985
Entity type: DOMESTIC NON-PROFIT
State or Country of Organization: OREGON

Fee: \$10.00
Must be received by: 10/23/1996
Non-Profit Type: MUTUAL BENEFIT
Duration: PERPETUAL

Please review the bottom and reverse side of this notice for accuracy. If the information has changed please make the corrections and return the entire notice with your remittance.
DO NOT ENCLOSE ANY CORRESPONDENCE.

OREGON CHAPTER, PUBLIC RISK MANAGEMENT
DAVID HARTWIG
MARION COUNTY COURTHOUSE
100 HIGH ST NE
SALEM OR 97301-3670

IF THIS IS YOUR "FIRST ANNUAL REPORT" YOU MUST COMPLETE
AND RETURN THE ENTIRE FORM.

THE REQUIRED FEE AND ANY CORRECTION IF NECESSARY MUST BE RECEIVED BY
OCTOBER 23, 1996 WITH THE FEE OF \$10.00.

1996 ANNUAL REPORT

OREGON CHAPTER, PUBLIC RISK MANAGEMENT

Registry Number: 006547-80

1. Federal Tax ID Number 93-0929446
2. SIC Code (See Enclosed List) 8990 MISC. SERVICES
3. Principal Place of Business
(Street Address) MARION COUNTY COURTHOUSE
100 HIGH ST NE
SALEM OR 97301-3670
5. Registered Agent DAVID HARTWIG
Registered Office MARION COUNTY COURTHOUSE
(Oregon Street Address) 100 HIGH ST NE
SALEM OR 97301-3670

If the Registered Agent has changed, the new Agent has consented to the appointment.

Please complete the back side of this form if required.

OREGON CHAPTER - PRIMA

 Celebrating 50 Years of Quality Care
Therapeutic Associates
PHYSICAL THERAPY



Home Office
P.O. Box 428
Salem, Oregon 97308-0428



1232000881

0002 383 1

Spoke w/ Mr. Hudson
IRS 10/19/06 re: FED ID #5
3 Names
Mrs. Robm
visit us at www.therapeuticassociates.com

IF THIS IS YOUR "FIRST ANNUAL REPORT" YOU MUST COMPLETE
AND RETURN THE ENTIRE FORM.

RECEIVED

SEP 9 1996

RISK MANAGEMENT

OREGON CHAPTER, PUBLIC RISK MANAGEMENT
DAVID HARTWIG
MARION COUNTY COURTHOUSE
100 HIGH ST NE
SALEM OR 97301-3670

4. If mailing address has changed, please indicate the new mailing address.

6. OFFICERS AND ADDRESSES

PRESIDENT
DAVID HARTWIG

MARION COUNTY COURTHOUSE

100 HIGH ST NE

SALEM OR 97301-3670

SECRETARY

~~DEBI FLUETSCH~~ Dan Hartman

~~CITY OF ROSEBURG~~

~~900 SE DOUGLAS~~

~~ROSEBURG OR 97470~~

State of Oregon
Risk Management
155 COTTAGE ST NE
Salem, OR 97310

7. Does This Corporation Have Members? (Yes)

Signature required only when changes are made.

8. SIGNATURE



Officer

Date

10/16/96

Daytime Telephone Number

503 373-4424

If the information has not changed return only the coupon with your remittance and retain the bottom portion for your records.

STATE OF OREGON
CORPORATION DIVISION
255 Capitol St NE
Salem, Oregon 97310-1327

1995 ANNUAL REPORT

FEE: \$10.00

Registry Number: 006547-80
Date of Incorporation: 10/23/1985
Entity Type: DOMESTIC NON-PROFIT
Duration: PERPETUAL
State or Country of Organization: OREGON

MUST BE RECEIVED BY: 10/23/1995

Non-Profit Type: MUTUAL BENEFIT

OREGON CHAPTER, PUBLIC RISK MANAGEMENT
SARA STEVENSON
SAIF CORPORATION-MILL CREEK OFFICE
555 13TH ST NE - PO BOX 14210
SALEM OR 97309

1. If mailing address has changed, please indicate the new mailing address in the space provided:

David Hartwig
Marion County Courthouse
100 High St NE
Salem, OR 97301-3670

PLEASE COMPLETE, CORRECT IF NECESSARY, AND SIGN THIS FORM. IT MUST BE RECEIVED BY OCTOBER 23, 1995 WITH THE FEE OF \$10.00.

2. Registered Agent

~~SARA STEVENSON~~

David Hartwig

Registered Office

(Oregon Street Address)

~~SAIF CORPORATION-MILL CREEK OFFICE~~
~~555 13TH ST NE - PO BOX 14210~~
~~SALEM OR 97309~~

see above #1

If the Registered Agent has changed, the new Agent has consented to the appointment.

3. OFFICERS

PRESIDENT

~~SARA STEVENSON~~

David Hartwig

SECRETARY

DEBI FLUETSCH

Address

see above #1

~~SAIF CORPORATION-MILL CREEK OFFICE~~

Address

CITY OF ROSEBURG

~~555 13TH ST NE - PO BOX 14210~~

900 SE DOUGLAS

~~SALEM OR 97309~~

ROSEBURG OR 97470

4. Does This Corporation Have Members? Yes

5. Principal Place of Business (Street Address)

~~PO BOX 14210~~
~~SALEM OR 97309~~

see above #1

6. SIC Code (See Enclosed List) 8990

7. Federal Tax ID Number 93-0929446

8. SIGNATURE

Officer

Date Sept. 25, 1995

Daytime Telephone Number

373-4424

Request for Taxpayer
Identification Number and Certification

Give this form to
the requester. Do
NOT send to IRS.

See instructions on page 2 if your name has changed.)

Please print or type

"OREGON CHAPTER PRIMA"
% BOB OSIP WASHINGTON COUNTY
155 N FIRST AVE MS #27
HILLSBORO OR 97124

0002139

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Obtain a TIN** below.

Social security number

--	--	--	--	--	--	--	--	--	--

OR

Employer identification number

93-0929446

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II For Payees Exempt From Backup Withholding (See Exempt Payees and Payments on page 2)

Requester's name and address (optional)

Liberty Northwest Ins. Corp.
PO Box 5089
Portland, OR 97232

Certification.—Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see **Signing the Certification** on page 2.)

Sign
Here

Signature

Date

11/12/93

Section references are to the Internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with the IRS must obtain your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. Use Form W-9 to furnish your correct TIN to the requester (the person asking you to furnish your TIN) and, when applicable, (1) to certify that the TIN you are furnishing is correct (or that you are waiting for a number to be issued), (2) to certify that you are not subject to backup withholding, and (3) to claim exemption from backup withholding if you are an exempt payee. Furnishing your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form.

How To Obtain a TIN.—If you do not have a TIN, apply for one immediately. To apply, get **Form SS-5, Application for a Social Security Card** (for individuals), from your local office of the Social Security Administration, or **Form SS-4, Application for Employer Identification Number** (for businesses and all other entities), from your local IRS office.

To complete Form W-9 if you do not have a TIN, write "Applied for" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have

60 days to obtain a TIN and furnish it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN to the requester. For reportable interest or dividend payments, the payer must exercise one of the following options concerning backup withholding during this 60-day period. Under option (1), a payer must backup withhold on any withdrawals you make from your account after 7 business days after the requester receives this form back from you. Under option (2), the payer must backup withhold on any reportable interest or dividend payments made to your account, regardless of whether you make any withdrawals. The backup withholding under option (2) must begin no later than 7 business days after the requester receives this form back. Under option (2), the payer is required to refund the amounts withheld if your certified TIN is received within the 60-day period and you were not subject to backup withholding during that period.

Note: Writing "Applied for" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future.

As soon as you receive your TIN, complete another Form W-9, include your TIN, sign and date the form, and give it to the requester.

What Is Backup Withholding?—Persons making certain payments to you after 1992 are required to withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest,

dividends, broker and barter exchange transactions, rents, royalties, nonemployee compensation, and certain payments from fishing boat operators, but do not include real estate transactions.

If you give the requester your correct TIN, make the appropriate certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS notifies the requester that you furnished an incorrect TIN, or
3. You are notified by the IRS that you are subject to backup withholding because you failed to report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or
5. You do not certify your TIN. This applies only to reportable interest, dividend, broker, or barter exchange accounts opened after 1983, or broker accounts considered inactive in 1983.

Except as explained in 5 above, other reportable payments are subject to backup withholding only if 1 or 2 above applies. Certain payees and payments are exempt from backup withholding and information reporting. See **Payees and Payments Exempt From**

SIGNATURES OF ACCOUNT OWNERS.

Social Security Number
or Employer I.D. Number

#E93-0929446

1. [Signature]
() President () Owner2. _____
() Secretary () Owner3. [Signature]
(X) Treasurer () Owner

The person(s) signing above have read and acknowledge receipt of the Rules and Regulations, Schedule of Charges for accounts, and Truth in Savings Disclosure, and agree to the same and all future amendments thereto.

The Rules and Regulations, Schedule of Charges and Truth in Savings Disclosure are provided to the above as a separate document, however, they are a part of this account contract.

☒ UNDER PENALTIES OF PERJURY, I certify that the above number is my correct taxpayer identification number.☒ UNDER PENALTIES OF PERJURY, I CERTIFY THAT I AM NOT SUBJECT TO BACK-UP WITHHOLDING either because I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding.☐ UNDER PENALTIES OF PERJURY, I certify that I am an exempt recipient under the law (See Instructions)

SIGNATURE: By signing below I certify under penalties of perjury the statements check on the form.

X [Signature]

OREGON CHAPTER-PRIMA

23834

Name of Account

Account Number

395 OAK VILLA RD

DALLAS

OR

Account Address

97338-9624

Home Phone

Account Type NON-PROFIT

(X) Demand

() Savings

() Other

AUTHORIZED SIGNER(S)

1. [Signature] DAVID HARTWIG2. [Signature] BOB OSIP

3. _____

4. _____

11-03-95

Date Account Opened

01/07/97

Revision Date

Mother's Maiden Name or Password

CHANGE SIGNERS

Revision Reason

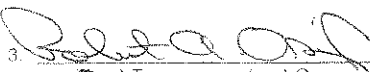
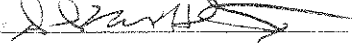
CHANGE OF ADDRESS NOTICE

NAME OF CUSTOMER		TYPE OR PRINT ACCOUNT NAME(S) AS IT APPEARS ON YOUR ACCOUNT(S)	
		OREGON CHAPTER-PRIMA	
NEW ADDRESS		STREET ADDRESS	
		155 N. First Ave, Suite 300, MS 27	
		P.O. BOX	
		CITY	
		Hillsboro	
		STATE	
		OR	
		ZIP	
		97124	
		PHONE NO.	
		(502) 648-8765	
		EFFECTIVE DATE	
		2/1/97	
OLD ADDRESS		STREET ADDRESS	
		P.O. BOX	
		CITY	
		STATE	
		ZIP	
ACCOUNTS NEEDING MAINTENANCE			
☐ CHECKING ACCOUNT(S)			
☐ SAVINGS ACCOUNT(S)			
☐ TIME DEPOSIT(S)			
☐ IRA			
☐ LOAN(S)			
☐ ESCROW COLLECTION			
☐ BANK CARD			
☐ SAFE DEPOSIT			
☐ OTHER _____			
CUSTOMER SIGNATURE			
<u>[Signature]</u>			
BANK USE ONLY			
PORT # 115113 AFFILIATE # _____			
BANK NAME _____			
DATE ACCEPTED _____ BY _____ DATE COMPLETED _____			
RETAIN ORIGINAL FOR 90 DAYS.			

SIGNATURES OF ACCOUNT OWNERS.

Social Security Number
or Employer I.D. Number

#E93-0929446

1. 
() President () Owner☒ UNDER PENALTIES OF PERJURY, I
certify that the above number is my
correct taxpayer identification number.2. _____
() Secretary () Owner☒ UNDER PENALTIES OF PERJURY, I
CERTIFY THAT I AM NOT SUBJECT
TO BACK-UP WITHHOLDING either be-
cause I have not been notified that I am
subject to back-up withholding as a re-
sult of a failure to report all interest or
dividends, or the Internal Revenue Ser-
vice has notified me that I am no longer
subject to back-up withholding.3. 
X Treasurer () OwnerThe person(s) signing above have read and acknowledge
receipt of the Rules and Regulations, Schedule of Charges
for accounts, and Truth in Savings Disclosure, and agree to
the same and all future amendments thereto.☐ UNDER PENALTIES OF PERJURY, I
certify that I am an exempt recipient
under the law (See Instructions)The Rules and Regulations, Schedule of Charges and Truth
in Savings Disclosure are provided to the above as a
separate document, however, they are a part of this account
contract.SIGNATURE: By signing below I certify under
penalties of perjury the statements check on
the form.X 

OREGON CHAPTER-PRIMA

390942

Name of Account

Account Number

395 OAK VILLA RD

DALLAS

OR

Account Address

97338-9624

Home Phone

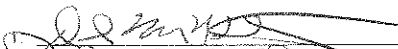
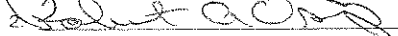
Account Type: NON-PROFIT

() Demand

X () Savings

() Other

AUTHORIZED SIGNER(s)

1. 
2. 

DAVID HARTWIG

BOB OSIP

3. _____

4. _____

11-03-95

Date Account Opened

01/07/97

Revision Date

Mother's Maiden Name or Password

CHANGE SIGNERS

Revision Reason

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2005
 CONNECTION TEL 95036925421
 SUBADDRESS
 CONNECTION ID CITY OF TUALATIN
 ST. TIME 11/12 11:27
 USAGE T 00'47
 PGS. 1
 RESULT OK

Form **W-9**

(Rev. December 2000)

Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Name (See Specific Instructions on page 2.)
Oregon Chapter PRIMA

Business name, if different from above. (See Specific Instructions on page 2.)

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership ☐ Other

Address (number, street, and apt. or suite no.)
155 N. First Avenue, MS #11

City, state, and ZIP code
Hillsboro, OR 97124

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2. **Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number
 | | | | | | | |

or

Employer identification number
93-0929446

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign
HereSignature of
U.S. person

Date

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, backup withholding will not be subject

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to

**Request for Taxpayer
Identification Number and Certification**

11270
Give form to the
requester. Do not
send to the IRS.

Please print or type	Name (See Specific Instructions on page 2.) Oregan Chapter PRIMA																																									
	Business name, if different from above. (See Specific Instructions on page 2.)																																									
	Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶																																									
	Address (number, street, and apt. or suite no.) 155 N. First Avenue, MS #11																																									
	City, state, and ZIP code Hillsboro, OR 97124																																									
	Requester's name and address (optional)																																									
	List account number(s) here (optional)																																									
Part I Taxpayer Identification Number (TIN)																																										
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2. Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.																																										
<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> or <table border="1"><tr><td colspan="11">Employer identification number</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			Social security number																		Employer identification number																					
Social security number																																										
Employer identification number																																										
Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)																																										

Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person 	Date 11/12/02
-----------	--	----------------------

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

CITY OF TUALATIN
18880 SW MARTINAZZI AVE
TUALATIN OR 97062

FAX 503-692-5421

Form 1099 MISC
Department of the Treasury
Internal Revenue Service

RECEIVED
FEB 5 1999
WASHINGTON COUNTY
SOCIAL SERVICES

Instructions for Recipient

Amounts shown on this return are required to be reported to you and to the Internal Revenue Service. They may or may not be taxable to you. If you are an individual, report them on your tax return as explained below. (Other taxpayers, such as fiduciaries, report the amounts on corresponding lines of your tax return.)

RENTS/ROYALTIES. - On Schedule E (Form 1040); or Schedule C if you provide services that are primarily for your customer's convenience, such as regular cleaning, changing linen, or maid service.

PRIZES AND AWARDS. - On the line for "Other income" on Form 1040. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

FEDERAL INCOME TAX WITHHELD. - Any amount listed in this box represents backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% rate on certain payments. See Form W-9, Payer's Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this on your income tax return as tax withheld.

FISHING BOAT PROCEEDS. - An amount in this box means the fishing boat operator considers you self-employed. Report this amount on your Schedule C (Form 1040). See Publication 595, Tax Guide for Commercial Fishermen.

MEDICAL AND HEALTH CARE PAYMENTS. - On Schedule C (Form 1040).

NONEMPLOYEE COMPENSATION. - Generally these amounts are considered income from self-employment. Report them as part of your trade or business income on Schedule C or F (Form 1040). If you are not self-employed, amounts paid to you for services rendered are generally reported on Form 1040 on the line for "wages, salaries, tips, etc." If there are two amounts shown in this box, one may be labeled "EPP." This represents excess golden parachute payments. You must pay a 20% excise tax on this amount. See your Form 1040 instructions under "Other Taxes." The unlabeled amount is your total compensation.

SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS OR INTEREST. - As "Other income" on your tax return. The amount shown is substitute dividends or tax-exempt interest payments received by your broker on your behalf after transfer of your securities for use in a short sale.

PAYER MADE DIRECT SALES OF \$5,000 OR MORE OF CONSUMER PRODUCTS TO A BUYER (RECIPIENT) FOR RESALE. - An entry in the checkbox means sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale, have amounted to \$5,000 or more. The person filing this return does not have to show a dollar amount in this box. The income should generally be reported on Schedule C (Form 1040).

THE AMOUNT IN "NONEMPLOYEE COMPENSATION" BOX IS CROP INSURANCE PROCEEDS. - An entry in this checkbox means the amount reported in the "Nonemployee compensation" box is crop insurance proceeds.

The amounts shown on this form (except Federal income tax and Substitute payments in lieu of dividends or interest) may be subject to self-employment (social security) tax computed on Schedule SE (Form 1040). See Publication 533, Self-Employment Tax, for more information on amounts considered self-employment income. Since no income or social security taxes will be withheld by the payer, you may be required to make estimated tax payments. See Form 1040-ES, Estimated Tax for Individuals.

Statement for Recipients of MISCELLANEOUS INCOME 1998

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and IRS determines that it has not been reported.

Recipient's identifying number 930256570	Rents	Royalties	Prizes and awards	Federal income tax withheld
Fishing boat proceeds	Medical and health care payments	Nonemployee compensation 1,000.00	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ----->	
PAYER 930824674 LIBERTY NORTHWEST c/o LIBERTY MUTUAL INSURANCE COMPANY PO BOX 1525 - PROVIDER ADMINISTRATION DOVER, NH 03821-1525 (603) 749-2600 Ext 33065			The amount in "Nonemployee compensation" box is crop insurance proceeds -----> ☐	Substitute payment in lieu of dividends or interest

Type or print RECIPIENT's name, address, and ZIP code below.

PRIMA - OREGON CHAPTER
ATTN: BOB OSIP, RISK MGR - WA
155 N FIRST AVE RM 320
HILLSBORO OR 97124

**Copy B
for Recipient**

Form 1099 MISC
Department of the Treasury
Internal Revenue Service

RECEIVED

FEB 01 2001

Instructions for Recipient

Amounts shown on this form may be subject to self-employment tax. If your net earnings from self-employment (gross income less expenses) are \$400 or more, you are required to file a return and compute your self-employment tax on Schedule SE (Form 1040). See Pub. 533, Self-Employment Tax, for information on self-employment income. If no income or social security and Medicare taxes were withheld by the payer, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040 E-S, Estimated Tax for Individuals.

If you are an individual, report the taxable amounts shown on this form on your tax return, as explained below. (Others, such as corporations, fiduciaries, or partnerships, report the amounts on the proper line of your tax return.)

Boxes 1 and 2. Report rents from real-estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

Box 3. Generally, report on the "Other income" line of Form 1040 and identify the payment. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040). The amount shown may be payments you received as beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income.

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 31% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on your Schedule C or C-EZ (Form 1040). See Publication 595, Tax Guide for Commercial Fishermen.

Box 6. Report on Schedule C or C-EZ (Form 1040).

Box 7. Generally shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 will show cash you received for the sale of fish. Generally, payments reported in this box are income from self-employment. Since you received this form, rather than form W-2, the payer may have considered you self-employed and did not withhold social security or Medicare taxes. Report self-employment tax on Schedule C, C-EZ, or F (Form 1040), and compute the self-employment tax on Schedule SE (Form 1040). However, if you are not self-employed, report this amount on the "Wages, salaries, tips, etc." line of Form 1040. Call the IRS for information about how to report any social security and Medicare taxes.

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for use in a short sale. Report on the "Other income" line of Form 1040.

Box 9. If marked, sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale have amounted to \$5,000 or more. The person filing this return does not have to show a dollar amount in this box. Any income from your sale of these products generally must be reported on Schedule C or C-EZ (Form 1040).

Box 10. Report on the "Crop insurance proceeds..." line on Schedule F (Form 1040).

Box 13. "A" or "EPP" may be shown to identify the income you received:

A-Gross proceeds paid to an attorney in connection with legal services.

EPP-Excess golden parachute payments subject to a 20% excise tax. See your Form 1040 Instructions for the "Total Tax" line. The amount in box 7 is your total compensation.

Statement for Recipients of MISCELLANEOUS INCOME 2000

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and IRS determines that it has not been reported.

OMB No. 1545-0115

Recipient's identifying number 930256570	1 Rents	2 Royalties	3 Other Income	4 Federal income tax withheld 0.00
5 Fishing boat proceeds	6 Medical and health care payments	7 Nonemployee compensation 800.00	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer(recipient) for resale -----> ☐	

For instructions for reporting these amounts, see above.

PAYER 930824674 LIBERTY NORTHWEST C/O LIBERTY MUTUAL INSURANCE COMPANY P.O. BOX 1525, PROV. ADMIN. DOVER, NH 03821 (603) 749-2600 EXT 33065	NW	The amount in "Nonemployee compensation" box is crop insurance proceeds -----> ☐	8 Substitute payments in lieu of dividend or interest
		13	11 State income tax withheld
		12 State/Payer's state number	10

Type or print RECIPIENT'S name, address, and ZIP code below.

OREGON CHAPTER PRIMA
% WASHINGTON CNTY RISK MGR ATT
155 N 1ST AVE MS 27
HILLSBORO, OR 97124

Copy B
for Recipient

Form 1099 MISC
Department of the Treasury
Internal Revenue Service

Instructions for Recipient

Amounts shown on this return are required to be reported to you and to the Internal Revenue Service. They may or may not be taxable to you. If you are an individual, report them on your tax return as explained below. (Other taxpayers, such as fiduciaries, report the amounts on corresponding lines of your tax return.)

RENTS/ROYALTIES. - On Schedule E (Form 1040); or Schedule C if you provide services that are primarily for your customer's convenience, such as regular cleaning, changing linen, or maid service.

PRIZES AND AWARDS. - On the line for "Other income" on Form 1040. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

FEDERAL INCOME TAX WITHHELD. - Any amount listed in this box represents backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% rate on certain payments. See Form W-9, Payer's Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this on your income tax return as tax withheld.

FISHING BOAT PROCEEDS. - An amount in this box means the fishing boat operator considers you self-employed. Report this amount on your Schedule C (Form 1040). See Publication 595, Tax Guide for Commercial Fishermen.

MEDICAL AND HEALTH CARE PAYMENTS. - On Schedule C (Form 1040).

NONEMPLOYEE COMPENSATION. - Generally, these amounts are considered income from self-employment. Report them as part of your trade or business income on Schedule C or F (Form 1040). If you are not self-employed, amounts paid to you for services rendered are generally reported on Form 1040 on the line for "wages, salaries, tips, etc." If there are two amounts shown in this box, one may be labeled "EPP." This represents excess golden parachute payments. You must pay a 20% excise tax on this amount. See your Form 1040 instructions under "Other Taxes." The unlabeled amount is your total compensation.

SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS OR INTEREST. - As "Other income" on your tax return. The amount shown is substitute dividends or tax-exempt interest payments received by your broker on your behalf after transfer of your securities for use in a short sale.

PAYER MADE DIRECT SALES OF \$5,000 OR MORE OF CONSUMER PRODUCTS TO A BUYER (RECIPIENT) FOR RESALE. - An entry in the checkbox means sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale, have amounted to \$5,000 or more. The person filing this return does not have to show a dollar amount in this box. The income should generally be reported on Schedule C (Form 1040).

THE AMOUNT IN "NONEMPLOYEE COMPENSATION" BOX IS CROP INSURANCE PROCEEDS. - An entry in this checkbox means the amount reported in the "Nonemployee compensation" box is crop insurance proceeds.

The amounts shown on this form (except Federal income tax and Substitute payments in lieu of dividends or interest) may be subject to self-employment (social security) tax computed on Schedule SE (Form 1040). See Publication 533, Self-Employment Tax, for more information on amounts considered self-employment income. Since no income or social security taxes will be withheld by the payer, you may be required to make estimated tax payments. See Form 1040-ES, Estimated Tax for Individuals.

Statement for Recipients of MISCELLANEOUS INCOME 1997

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and IRS determines that it has not been reported.

Recipient's identifying number 930256570	Rents	Royalties	Prizes and awards	Federal income tax withheld 0.00
Fishing boat proceeds	Medical and health care payments	Nonemployee compensation 1,025.00	Payer made direct sales of \$5,000 or more of consumer products to a buyer(recipient) for resale -----> ☐	
For instructions for reporting these amounts, see above.			The amount in "Nonemployee compensation" box is crop insurance proceeds -----> ☐	Substitute payments in lieu of dividend or interest
PAYER 930824674 LIBERTY NORTHWEST C/O LIBERTY MUTUAL INSURANCE CO. P.O. BOX 1525, PROV ADMIN DOVER, NH. 03821-1525 (603) 749-2600 EXT 33065 L				

Type or print RECIPIENT'S name, address, and ZIP code below.

OR-PRIMA
% THE EVENT COMPANY ATTN: GLE
P O BOX 3848
SALEM OR 97302

Copy B
for Recipient

Form 1099 MISC
Department of the Treasury
Internal Revenue Service

Instructions for Recipient

Amounts shown on this form may be subject to self-employment tax. If your net earnings from self-employment income are \$400 or more, you are required to file a return and compute your self-employment tax on Schedule SE (Form 1040). See Pub. 533, Self Employment tax, for information on self-employment income. If no income or social security and Medicare taxes were withheld by the payer, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040 E-S, Estimated Tax for Individuals.

If you are an individual, report the taxable amounts shown on this form on your tax return, as explained below. (Others, such as corporations, fiduciaries, or partnerships, report the amounts on the proper line of your tax return.)

Boxes 1 and 2. Report rents from real-estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other dispositions of Assets.

Box 3. Generally, report on the "Other income" line of Form 1040 and identify the payment. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040). The amount shown may be payments you received as beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income.

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 31% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on your Schedule C or C-EZ (Form 1040). See Publication 595, Tax Guide for Commercial Fishermen.

Box 6. Report on Schedule C or C-EZ (Form 1040).

Box 7. Generally shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 will show cash you received for the sale of fish. Generally, payments reported in this box are income from self-employment. Since you received this form, rather than form W-2, the payer may have considered you self-employed and did not withhold social security or Medicare taxes. Report self-employment tax on Schedule C, C-EZ, or F (Form 1040), and compute the self employment tax on Schedule SE (Form 1040). However, if you are not self-employed, report this amount on the "Wages, salaries, tips, etc." line of Form 1040. Call the IRS for information about how to report any social security and Medicare taxes.

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for use in a short sale Report on the "Other income" line of Form 1040.

Box 9. If marked, sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale have amounted to \$5,000 or more. The person filing this return does not have to show a dollar amount in this box. Any income from your sale of these products generally must be reported on Schedule C or C-EZ (Form 1040).

Box 10. Report on the "Crop insurance proceeds..." line on Schedule F (Form 1040).

BOX 14. Gross proceeds paid to an attorney in connection with legal services.

Statement for Recipients of MISCELLANEOUS INCOME 2002

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and IRS determines that it has not been reported.

OMB No. 1545-0115

Recipient's identifying number 930256570	1 Rents	2 Royalties	3 Other Income	4 Federal income tax withheld 0.00
5 Fishing boat proceeds	6 Medical and health care payments	7 Nonemployee compensation 800.00	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer(recipient) for resale -----> ☐	

For instructions for reporting these amounts, see above.

PAYER 930824674 NW LIBERTY NORTHWEST C/O LIBERTY MUTUAL INSURANCE COMPANY P.O. BOX 1525, PROV. ADMIN. DOVER, NH 03821 (603) 749-2600 EXT 33065

The amount in "Nonemployee compensation" box is crop insurance proceeds -----> ☐	8 Substitute payments in lieu of dividend or interest
14	11 State income tax withheld
12 State/Payer's state number	10

OREGON CHAPTER PRIMA
 % WASHINGTON CNTY RISK MGR ATT
 155 N 1ST AVE MS 27
 HILLSBORO, OR 97124

M0166451

Copy B
for Recipient

Request for Taxpayer Identification Number and Certification

Give this form to
the requester. Do
NOT send to IRS.

To confirm the accuracy of our records and to ensure accurate year-end reporting (where applicable), Please Complete Parts I, II and III & Return to Liberty Mutual Insurance Co.

Part I (FOR 1099 PURPOSES)

INDIVIDUAL'S NAME:

INDIVIDUAL'S TAX ID OR SOCIAL SEC. #

BUSINESS NAME:

OR-Chapter PRIMA

BUSINESS TAX ID NUMBER:

93-0929446

STREET ADDRESS:

CITY, STATE, AND ZIP CODE

Part II For Payees Exempt From Backup

Withholding (See Exempt
Payees and Payments on page 2)

*ARE YOU A NON-MEDICAL
CORPORATION? ☒ YES ☐ NO

Requester's name and address (optional)

LIBERTY MUTUAL INSURANCE CO.
P.O. BOX 1525
FINANCIAL PROVIDER ADMIN
DOVER, NH 03820-9901

(603) 749-2600 EXT 33065

~~*PLEASE LIST BELOW ALL OTHER AUTHORIZED USERS OF THIS TAX ID~~

Certification- Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see Signing the Certification on page 2.)

Part III

Sign
Here

Signature >

Date > 7/24/95

PLEASE CHECK OFF TYPE OF BUSINESS:

- | | | | | | |
|-------|--------------------------|-------|-----------------------|-------|------------------------------------|
| 00 | ___ ANESTHESIOLOGY | 13 | ___ OPHTHALMOLOGY | 25/75 | ___ APPRAISERS (AUTO) |
| 01 | ___ CARDIOVASCULAR | 14 | ___ ORTHOPEDICS | 26/76 | ___ APPRAISERS (NON AUTO) |
| 02 | ___ CHIROPRACTIC | 15 | ___ PATHOLOGY | 27/77 | ___ AUTO BODY SHOPS |
| 03 | ___ CLINIC | 16 | ___ PHARMACY | 28/78 | ___ GLASS REPLACEMENT SHOPS |
| 04 | ___ DENTISTRY | 17 | ___ PHYSICAL THERAPY | 29/79 | ___ INVESTIGATIVE SERVICES |
| 05 | ___ DERMATOLOGY | 18 | ___ PLASTIC SURGERY | 30/80 | ___ EXPERT WITNESS |
| 06 | ___ GENERAL PRACTICE | 19 | ___ PODIATRY | 31/81 | ___ LAY WITNESS |
| 07 | ___ GENERAL SURGERY | 20 | ___ PSYCHIATRY | 32/82 | ___ MISCELLANEOUS COURT |
| 08/58 | ___ HOSPITAL | 21 | ___ RADIOLOGY | 33/83 | ___ COURT JDGMTS & PUNITIVE DAM |
| 09 | ___ INTERNAL MEDICINE | 22 | ___ REHAB VENDOR | 34/84 | ___ JUDGMENT INTEREST |
| 10 | ___ MEDICAL AUDIT VENDOR | 23/73 | ___ ALL OTHER MEDICAL | 35/85 | ___ NON STAFF ATTORNEYS |
| 11 | ___ NEUROSURGERY | | | 36/86 | ___ STENOGRAPHERS |
| 12 | ___ OCCUPATIONAL MED | | | 37/87 | ___ INDEPENDENT CLAIMS SERVICE |
| | | | | 38/88 | ___ PHOTOGRAPHERS |
| | | | | 39/89 | ___ ALL OTHER NON MED 89 = B-STAFF |
| | | | | 90 | ___ ACES STAFF ATTORNEY |
| | | | | 99 | ___ FOREIGN PROVIDERS |

LIBERTY MUTUAL'S RECORDS CURRENTLY REFLECT:

TIN: 930929446

OREGON CHAPTER PRIMA
100 HIGH STREET NE
4TH FLOOR
SALEM, OR 97301

RECEIVED

JUL 17 1995

Form W-9 (Rev. 1-93)

RISK MANAGEMENT

STATE OF OREGON
CORPORATION DIVISION
255 Capitol St NE
Salem, Oregon 97310-1327

1995 ANNUAL REPORT

FEE: \$10.00

Registry Number: 006547-80
Date of Incorporation: 10/23/1985
Entity Type: DOMESTIC NON-PROFIT
Duration: PERPETUAL
State or Country of Organization: OREGON

MUST BE RECEIVED BY: 10/23/1995

Non-Profit Type: MUTUAL BENEFIT

OREGON CHAPTER, PUBLIC RISK MANAGEMENT
SARA STEVENSON
SAIF CORPORATION-MILL CREEK OFFICE
555 13TH ST NE - PO BOX 14210
SALEM OR 97309

1. If mailing address has changed, please indicate the new mailing address in the space provided:

David Hartwig
Marion County Courthouse
100 High St NE
Salem, OR 97301-3670

PLEASE COMPLETE, CORRECT IF NECESSARY, AND SIGN THIS FORM. IT MUST BE RECEIVED BY OCTOBER 23, 1995 WITH THE FEE OF \$10.00.

2. Registered Agent

~~SARA STEVENSON~~

David Hartwig

Registered Office
(Oregon Street Address)

~~SAIF CORPORATION-MILL CREEK OFFICE~~
~~555 13TH ST NE - PO BOX 14210~~
~~SALEM OR 97309~~

see above #1

If the Registered Agent has changed, the new Agent has consented to the appointment.

3. OFFICERS

PRESIDENT

~~SARA STEVENSON~~

David Hartwig

SECRETARY

DEBI FLUETSCH

Address

see above #1

~~SAIF CORPORATION-MILL CREEK OFFICE~~

Address

CITY OF ROSEBURG

~~555 13TH ST NE - PO BOX 14210~~

900 SE DOUGLAS

~~SALEM OR 97309~~

ROSEBURG OR 97470

4. Does This Corporation Have Members? Yes

5. Principal Place of Business (Street Address)

~~PO BOX 14210~~
~~SALEM OR 97309~~

see above #1

6. SIC Code (See Enclosed List) 8990

7. Federal Tax ID Number 93-0929446

8. SIGNATURE


Officer

Date Sept. 25, 1995

Daytime Telephone Number 373-4424

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Please print or type

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)

OREGON CHAPTER PRIMA

DAVID HARTWIG, RISK MANAGER

100 HIGH STREET NE, 4TH FLOOR

SALEM, OR 97301

City, state, and ZIP code

ns on page 2.)

al/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** below.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

| | | | | | | |

OR

Employer identification number

93-0729446

List account number(s) here (optional)

Part II For Payees Exempt From Backup Withholding (See Part II instructions on page 2)

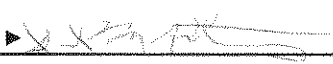
Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see **Part III instructions** on page 2.)

Sign
Here

Signature ▶ 

Date ▶ 1/17/95

Section references are to the Internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requester (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct (or you are waiting for a number to be issued), (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding if you are an exempt payee. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such

payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS tells the requester that you furnished an incorrect TIN, or
3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable

interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN. See the Part III instructions for exceptions.

Certain payees and payments are exempt from backup withholding and information reporting. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

How To Get a TIN.—If you do not have a TIN, apply for one immediately. To apply, get **Form SS-5**, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or **Form SS-4**, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

If you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to get a TIN and give it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.

The Wyatt Company
Consultants and Actuaries

Finance and Administration
601 13th Street, NW, Suite 900
Washington, D.C. 20005

202 639 8056
Telephone 202 624 0600
Fax 202 639 8056

RECEIVED

DEC 16 1994

RISK MANAGEMENT

Wyatt

12-13-94

Dear Vendor:

Effective January 1, 1993, Federal Law requires the withholding of 31% Federal Income Tax from payments to vendors for which we do not have a federal identification number.

This withholding requirement was included in the Tax Equity and Fiscal Responsibility Act of 1982, and generally applies to payments which are required to be reported on form 1099 to the IRS.

In order to validate our records and prevent needless withholding of taxes, please complete the enclosed W-9 for you and/or your organization. Please fax this information to the attention to Sharon Jackson at the following number: (202) 639-8056.

Your prompt attention to this matter is appreciated.

Sincerely,

Debora Q. Schell

Debora Q. Schell
Manager of Accounting Operations

Enclosure

Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give this form to
the requester. Do
NOT send to IRS.

To confirm the accuracy of our records and to
ensure accurate year-end reporting (where
applicable), Please Complete Parts I, II and III &
Return to Liberty Mutual Insurance Co.

Part I (FOR 1099 PURPOSES)

INDIVIDUAL'S NAME:

INDIVIDUAL'S TAX ID OR SOCIAL SEC. #

BUSINESS NAME:

BUSINESS TAX ID NUMBER:

OR-Chapter PRIMA

93-0929446

STREET ADDRESS:

CITY, STATE, AND ZIP CODE

Part II For Payees Exempt From Backup

Withholding (See Exempt
Payees and Payments on page 2)

***ARE YOU A NON-MEDICAL
CORPORATION?** ☒ YES ☐ NO

Requester's name and address (optional)

LIBERTY MUTUAL INSURANCE CO.
P.O. BOX 1525
FINANCIAL PROVIDER ADMIN
DOVER, NH 03820-9901

(603) 749-2600 EXT 33065

***PLEASE LIST BELOW ALL OTHER AUTHORIZED USERS OF THIS TAX ID**

Certification- Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see Signing the Certification on page 2.)

Part III

Sign
Here

Signature >

Date > 7/24/95

PLEASE CHECK OFF TYPE OF BUSINESS:

- | | | | | | |
|-------|--------------------------|-------|-----------------------|-------|------------------------------------|
| 00 | ___ ANESTHESIOLOGY | 13 | ___ OPHTHALMOLOGY | 25/75 | ___ APPRAISERS (AUTO) |
| 01 | ___ CARDIOVASCULAR | 14 | ___ ORTHOPEDICS | 26/76 | ___ APPRAISERS (NON AUTO) |
| 02 | ___ CHIROPRACTIC | 15 | ___ PATHOLOGY | 27/77 | ___ AUTO BODY SHOPS |
| 03 | ___ CLINIC | 16 | ___ PHARMACY | 28/78 | ___ GLASS REPLACEMENT SHOPS |
| 04 | ___ DENTISTRY | 17 | ___ PHYSICAL THERAPY | 29/79 | ___ INVESTIGATIVE SERVICES |
| 05 | ___ DERMATOLOGY | 18 | ___ PLASTIC SURGERY | 30/80 | ___ EXPERT WITNESS |
| 06 | ___ GENERAL PRACTICE | 19 | ___ PODIATRY | 31/81 | ___ LAY WITNESS |
| 07 | ___ GENERAL SURGERY | 20 | ___ PSYCHIATRY | 32/82 | ___ MISCELLANEOUS COURT |
| 08/58 | ___ HOSPITAL | 21 | ___ RADIOLOGY | 33/83 | ___ COURT JDGMTS & PUNITIVE DAM |
| 09 | ___ INTERNAL MEDICINE | 22 | ___ REHAB VENDOR | 34/84 | ___ JUDGMENT INTEREST |
| 10 | ___ MEDICAL AUDIT VENDOR | 23/73 | ___ ALL OTHER MEDICAL | 35/85 | ___ NON STAFF ATTORNEYS |
| 11 | ___ NEUROSURGERY | | | 36/86 | ___ STENOGRAPHERS |
| 12 | ___ OCCUPATIONAL MED | | | 37/87 | ___ INDEPENDENT CLAIMS SERVICE |
| | | | | 38/88 | ___ PHOTOGRAPHERS |
| | | | | 39/89 | ___ ALL OTHER NON MED 89 = B-STAFF |
| | | | | 90 | ___ ACES STAFF ATTORNEY |
| | | | | 99 | ___ FOREIGN PROVIDERS |

LIBERTY MUTUAL'S RECORDS CURRENTLY REFLECT:

TIN: 930929446

OREGON CHAPTER PRIMA
100 HIGH STREET NE
4TH FLOOR
SALEM, OR 97301

RECEIVED

JUL 17 1995

Form W-9 (Rev. 1-93)

RISK MANAGEMENT

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Please print or type	Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)	
	Business name (Sole proprietors see instructions on page 2.) Oregon Chapter PRIMA	
	Please check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership ☐ Other	
	Address (number, street, and apt. or suite no.) 155 N. First Avenue, Suite 320, MS 27	
City, state, and ZIP code Hillsboro, Oregon 97006		Requester's name and address (optional) Marion County Fiscal Services 220 High Street, NE Salem, OR 97301

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** below.

Social security number								

OR

Employer identification number									
93	0	9	2	9	4	4	6		

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

List account number(s) here (optional)

689531

Part II For Payees Exempt From Backup Withholding (See Part II instructions on page 2)

Part III Certification

Under penalties of perjury, I certify that:

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Sign
Here

Signature

Robert A. [Signature]

Date

6/24/97

Section references are to the Internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requester (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct (or you are waiting for a number to be issued), (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding if you are an exempt payee. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

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- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable

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- You do not certify your TIN. See the Part III instructions for exceptions.

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If you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to get a TIN and give it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.



Marion County

OREGON

FISCAL SERVICES

CHIEF ACCOUNTANT
Earl Horton

ADMINISTRATION
(503) 588-5087

PAYROLL
(503) 588-5494

ACCOUNTING
(503) 588-5086

**BOARD OF
COMMISSIONERS**
Randall Franke
Gary Heer
Mary Pearmine

**ADMINISTRATIVE
OFFICER**
Ken Roudybush

06/19/97
OREGON PRIMA
C/O WASHINGTON CO
155 N FIRST AVE-320 M527
HILLSBORD OR 97124

689531

RE: FEDERAL FORM 1099 TAX FILING REQUIRMENTS

Dear Payee:

Our records indicate that Marion County has made or is in the process of remitting payment(s) to you for: services or goods rendered to the county; witness or jury duty fees; or refunds of permits, recording fees, dog license fees, or other refund payments.

Recent changes in internal revenue service tax laws and regulations now may require us to automatically withhold 31 percent from payment to payees who have not reported to us or who have failed to provide a correct tax identification number (TIN) or social security number (SSN). **NOTE:** Although this does not apply to those receiving refunds, our computer system does not distinguish the difference between those who this applies to and those it doesn't. Thus, we are required to collect taxpayer I.D. numbers for all our payees. If we do not receive a number, another letter will be sent every six months.

By completing the attached Form W-9 with your accurate TIN or SSN, then returning it within 30 days to Marion County Fiscal Services, 220 High Street NE, Salem, OR 97301, you will avoid a potential 31 percent withholding and assure our prompt payment for the goods and/or services you have rendered. Also, please indicate which type of entity you are. If you are a sole proprietor or an individual, supply us with a social security number and provide us with the name of the owner of the number.

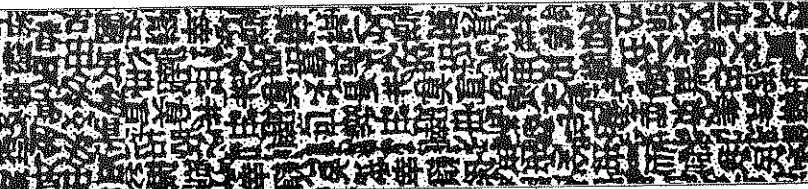
Please remember, it is your responsibility to notify us of any changes in the information you have reported to us. If you have any questions about this request, please call Robin Barnes at (503) 588-5086.

Sincerely,

Earl Horton
Chief Accountant, Marion County

EH:rb
Attachment

DM PAID		DIRECT INQUIRIES TO: 503-316-4000		CORRECTED ☐ (if checked)	
COMMERCIAL BANK BOX 428 OR 97308-0428					
Identifying number	Recipient's identifying number	PAYER'S RTN (OPTIONAL)	1 Interest income not included in Box 3	3 Interest on U.S. Savings Bonds and Treas. obligations	
0428352	93-0929446	1232-00088	116.05		
1997 INTEREST SUBSTITUTE — This is important tax information and is being furnished to the Internal Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if you are taxable and the IRS determines that it has not been reported.			2 Early withdrawal penalty		
			.00		.00
DM PAID Payer identifying number is not correctly shown, please correct number to the payer. 1545-0112 1997 Interest Income B: For Recipient			4 Federal income tax withheld .00 5 Foreign tax paid .00 6 Foreign country or U.S. possession .00		
TYPE	ACCOUNT NUMBER	INTEREST EARNED	FORFEITURE	FEDERAL TAX WITHHELD	
CHECKING ACCOUNT	23834	82.00	.00	.00	
CEMENT SAV (BUS)	390942	34.05	.00	.00	

DM PAID		CORRECTED ☐ (if checked)			
COMMERCIAL BANK BOX 428 OR 97308-0428					
Identifying number	Recipient's identifying number	PAYER'S RTN (OPTIONAL)	1 Interest income not included in Box 3	3 Interest on U.S. Savings Bonds and Treas. obligations	
0428352	93-0929446	1232-00088	116.05		
1996 INTEREST SUBSTITUTE — This is important tax information and is being furnished to the Internal Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if you are taxable and the IRS determines that it has not been reported.			2 Early withdrawal penalty		
			.00		.00
DM PAID Payer identifying number is not correctly shown, please correct number to the payer. 1545-0112 1996 Interest Income B: For Recipient			4 Federal income tax withheld .00 5 Foreign tax paid .00 6 Foreign country or U.S. possession .00		
TYPE	ACCOUNT NUMBER	INTEREST EARNED	FORFEITURE	FEDERAL TAX WITHHELD	
ROYAL MON ACCOUNT	23834	82.00	.00	.00	
ESS SAVINGS ACCOUNT	390942	34.05	.00	.00	
ESS TCD CERTIFICATE	23834	82.00	.00	.00	