

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone number BANK OF THE CASCADES PO BOX 369 BEND, OR 97709 (877) 617-3400 10Z 2377837 0000010396		Calendar year 2007		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 2007 Form 1099-INT	
Recipient's identification number 93-0929446		6 Foreign tax paid 0.00		7 Foreign country or U.S. possession 0.00		8 Tax-exempt interest 0.00	
PAYER'S Federal identification number 93-0658404		3 Interest on U.S. Savings Bonds and Treas. obligations 0.00		5 Investment expenses 0.00		9 Specified private activity bond interest 0.00	
Recipient's name, street address, city, state, and ZIP code OREGON CHAPTER PRIMA 555 COURT ST NE STE 4235 SALEM, OR 97301-3736		All accounts shown below are for the Recipient identification number shown at left. Account Number (see instructions) 12002603D		1 Interest income not included in Box 3 17.36		2 Early Withdrawal Penalty 0.00	
				4 Federal income tax withheld 0.00			
		TOTALS		17.36		0.00	
						0.00	

Form **1099-INT**

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Department of the Treasury - Internal Revenue Service

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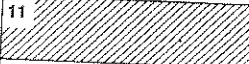
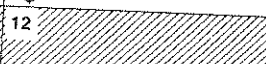
PAYER'S name, street address, city, state, ZIP code, and telephone no. Tristar Risk Management 100 Oceangate Suite 700 Long Beach CA 90802 (562) 495-6600 Ext. 0000		1 Rents	OMB No. 1545-0115 2007 Form 1099-MISC		Miscellaneous Income		
		\$					
		2 Royalties					
		\$					
PAYER'S federal identification number 95-2791831		RECIPIENT'S identification number 93-0929446		3 Other income	4 Federal income tax withheld	Copy B For Recipient	
				\$	\$		
PAYER'S name Oregon Chapter, Public Risk		7 Nonemployee compensation		5 Fishing boat proceeds	6 Medical and health care payments		
Street address (including apt. no.) Management Association 716 SW Evergreen Street		\$ 900.00		\$	\$		
City, state, and ZIP code Redmond OR 97756		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐		10 Crop insurance proceeds		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.	
Account number (see instructions)		11		12			
		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney			
		\$		\$			
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.	18 State income
\$		\$		\$			\$

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PAYER'S name, street address, city, state, ZIP code, and telephone no. Tristar Risk Management 100 Oceangate Suite 700 Long Beach CA 90802 (562) 495-6600 Ext. 0000		1 Rents \$	OMB No. 1545-0115 2007 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		
PAYER'S federal identification number 95-2791831	RECIPIENT'S identification number 93-0929446	5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name Oregon Chapter, Public Risk Street address (including apt. no.) Management Association 716 SW Evergreen Street City, state, and ZIP code Redmond OR 97756		7 Nonemployee compensation \$ 900.00	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds \$		
		11 	12 		
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

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PAYER'S Name, street address, city, state, ZIP code, and telephone number PHONE: 1-877-734-2265 STATE FARM FEDERAL SAVINGS BANK P O BOX 2316 BLOOMINGTON IL 61702-2316		Payer's RTN (optional)	OMB No. 1545-0112 2007 Form 1099-INT	Interest Income
		1 Interest income \$ 272.20		
		2 Early withdrawal penalty \$		
PAYER'S Federal identification number 37-1381494		RECIPIENT'S identification number 93-0929446		
RECIPIENT'S name, Street address (including apt. no.), City, state, and ZIP code OREGON CHAPTER PRIMA OREGON CHAPTER PRIMA C/O ULYS STAPL 101 NW A ST GRANTS PASS OR 97526-2000		4 Federal income tax withheld \$	5 Investment expenses \$	Copy B For Recipient 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.
		6 Foreign tax paid \$	7 Foreign country or U.S. possession	
		8 Tax-exempt interest \$	9 Specified private activity bond interest \$	
Account number (see instructions)				

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Department of the Treasury - Internal Revenue Service

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT
CERTIFICATE OF DEPOSIT	1013545548	272.20

STATE FARM FEDERAL SAVINGS BANK
P O BOX 2316
BLOOMINGTON IL 61702-2316

278225
OREGON CHAPTER PRIMA
OREGON CHAPTER PRIMA C/O ULYS STAPLETON
101 NW A ST
GRANTS PASS OR 97526-2000