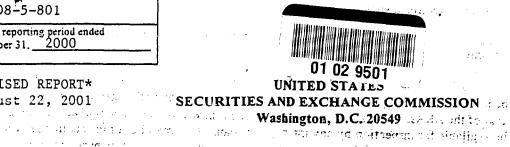
Fild Number: 08-5-801	
For the reporting period ended December 31. 2000	· · ·

REVISED REPORT August 22, 2001



OMB APP	
OMB Number:	3235-0337
Expires:	July 31, 2003
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response	

FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT ATTENTION: CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)

			"Comment of the comment of the comme
1.		I name of Registrant as stated in Question 3 of Form TA-1: not use Form TA-2 to change name or address.)	DEC 10 roof
	BAN	IK OF THE CASCADES	
2.	a.	During the reporting period, has the Registrant engaged a service company to per (Check appropriate box.)	form any of its transfer agent function
		☐ All ☐ Some ☒ None	· · · · · · · · · · · · · · · · · · ·
	b.	If the answer to subsection (a) is all or some, provide the name(s) and trans company(ies) engaged:	fer agent file number(s) of all servi
		Name of Transfer Agent(s):	File No. (beginning with 84- or 85-):
			AESSE
			PROCES
			19W 3 8 500F
			THOMSON
			THUNCIAL
	c.	During the reporting period, has the Registrant been engaged as a service compartransfer agent functions?	ny by a named transfer agent to perfo
		☐ Yes	
	d.	If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the Registrant has been engaged as a service company to perform transfer agent function complete and attach the Supplement to Form TA-2.)	
٠		Name of Transfer Agent(s):	File No. (beginning with 84- or 85-):
		X	

								•	
~ a.	Registrant's ar	opropriate regul	latory agei	ncv (ARA):	(Check one box	contv.)			
	-	er of the Curren		, (22222).	* * * * * * * * * * * * * * * * * * *				
		posit Insurance		ion					
					em				
					5			र र•ेर व	
				,	*******	•			
b.	information re			occurate, inco		within 60 calend leading? (Check	appropriate be		
		amendment(s) to file amendme able	ent(s)			<i>,</i>			
c.	If the answer t	o subsection (b) is no, pro	ovide an exp	lanation:				
	If	the response	to any o	f questions	4-11 below	is none or zer	o, enter "0."		
Νυ	ımber of items re	eceived for tran	sfer durin	g the reportin	ng period:	•	······································	113	
	T-4-1 1 -	a C im Ainsi 3 - 1	والأرا فالمطلسيين	lam m	المامان		4 Dani		
a.	Total number of individual securityholder accounts, including accounts in the Direct Registration System (DRS), dividend reinvestment plans and/or direct purchase plans as of December 31:								
b.	Number of individual securityholder dividend reinvestment plan and/or direct purchase plan accounts as of December 31:								
c.	Number of ind	lividual security	vholder Di	RS accounts a	as of December	31:		2013	
d.						m subsection (a)	•		
_	Comornia	Compania		Open End	Limited	Municip	al Debt	Other	
-	Corporate Equity	Corporate Debt		Open-End Investment	Partnersh	<u> </u>		Securities	
	Securities	Securities		Company Securities	Securitie			Securities	
	100%								
N	umber of securit	ies issues for w	hich Regis	trant acted in	n the following	capacities, as of	December 31:		
				orporate ecurities	Open-End Investment	Limited Partnership	Municipal Debt	Other Securities	
				T = -	Company	Securities	Securities	}	
			Equity	Debt	Securities				
a.								1	
	and maintains	· ·		1	:				
	securityholder				<u> </u>	 			
b.	Receives item								
	but does not n								
	master securit				-			 	
c.									
	transfer but m				1				
	master securit	yholder files:	1					L	

	a.	ope of certain additional types of act Number of issues for which divide		r direct purchase plan	. या १८४ लक्षा ५० वर्ष
		services were provided, as of Dece	ember 31:	***************************************	***************************************
1	b.	Number of issues for which DRS s	ervices were provided, as o	f December 31:	**************
. (c.	Dividend disbursement and interes i. number of issues			
		i. number of issuesii. amount (in dollars)	************************************	***************************************	
		ii. amount (iii donais)	• • • • • • • • • • • • • • • • • • •		······
8. 8	a.				
			•	,	
				Prior	Current
				Transfer Agent(s)	Transfer Agent
				(If applicable)	
		i. Number of issues	•		
		ii. Market value (in dollars)			
1	b.	Number of quarterly reports regard SEC) during the reporting period p			
(c.	During the reporting period, did the (including the SEC) required by Ru		y reports regarding buy-ins	with its ARA
	•	☐ Yes	□ No		
				·	
9. ;	a.	During the reporting period, has th as set forth in Rule 17Ad-2?	e Registrant always been in	compliance with the turnar	round time for routine items
		Yes	□No		
		_	□ No subsection (a) is no, comp	olete subsections (i) throuş	gh (ii).
		_	subsection (a) is no, comp	in which the Registrant wa	s not in
		If the answer to i. Provide the number of months	during the reporting period d time for routine items acc notices Registrant filed dur	in which the Registrant wa ording to Rule 17Ad-2 ing the reporting period with th turnaround time for routi	th the
;		 i. Provide the number of months compliance with the turnaroun. ii. Provide the number of written SEC and with its ARA that rep 	during the reporting period d time for routine items accounties Registrant filed during orted its noncompliance with a securities purchases and changes processed during the	in which the Registrant was ording to Rule 17Ad-2ing the reporting period with turnaround time for routing the redemptions (transactions) is reporting period:	th the ine

During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts	Number of Different Addresses Obtained from
	Securityholder Accounts Submitted for Database Search	Database Search
12/31/2000	1	0

b.	Number of lost securityholder accounts that have been remitted t	o states during the	şr .	· . · .	•
			15		
	reporting period:		*************		

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title:
	PRESIDENT / CEO Telephone number: (541) 385-6205
Name of Official responsible for Form: (First name, Middle name, Last name)	Date signed (Month/Day/Year):
PATRICIA L MOSS	AUGUST 22, 2001

le Number	Supplement to Form TA-2	. No. of the state of the stat
r the reporting period	Full Name of Registrant	
ded December 31,		
		$C_{\mathbf{q}}$
this schedule to provide the na	me(s) and file number(s) of the named transfer agent(s)	
Name(s):	erform transfer agent functions:	File No.
		(beginning with 84- or 85
•		
·		
	2.20	
**.	No. of the second secon	
	A CONTRACTOR OF THE PROPERTY O	