## **Attention:**

- Telephone requests for the 2007 Form 5500-series forms, schedules, and instructions will not be filled until October 16, 2007.
- Requests for the 2007 Form 5500-series products can be made on the Internet (see below) beginning October 16, 2007. Requests made prior to that date will be filled with the 2006 version of the products.

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Forms 5500 and 5500-EZ (and related schedules) are printed on special paper with dropout ink so they can be processed by the computerized processing system "EFAST." These forms and schedules may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

**Note:** You can also use the Internet link Forms and Publications by U.S. Mail to request a *limited* number of these forms and schedules.

Check the Department of Labor's website at <u>www.efast.dol.gov</u> for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

	SCHEDULE C																	Officia	al Use	Only	
,	(Form 5500) Service Provider Information								OMB No. 1210-0110												
	Internal Revenue Service Employee Retirement						to be filed under section 104 of the the norme Security Act of 1974.							2007							
Department of Labor mployee Benefits Security Administration Pension Benefit Guaranty Corporation				► File as an attachment to Form 5500.									This Form is Open to Public Inspection.								
r cale	endar plan year 2007 I plan year beginning									and e	endin	ıg						/	X	X	
Nam	e of plan											в	Т	Three	ə-digi			Ń			
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Plan	sponsor's name as shown	on line 2	2a of I	Form	5500							D	E	Emp	loyer	Iden	tific	atio	n Nu	Imbei	—
art	Service Provider I	nforma	tion	(see	instr	ucti	ons)						Û								
	er the total dollar amount of er than those listed below, v										2	2									
des	On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in escending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs sho nter N/A in (c) and (d).										uld										
(a)	Name				Name																
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(b)	Employer identification nur	nber (see	e instru	uction	s)		ý,	P													
(c)	Official plan position	nber (see			s)	r	х а с	P t	a	d n	n i	n	i	S	t	r a	t	0	r		
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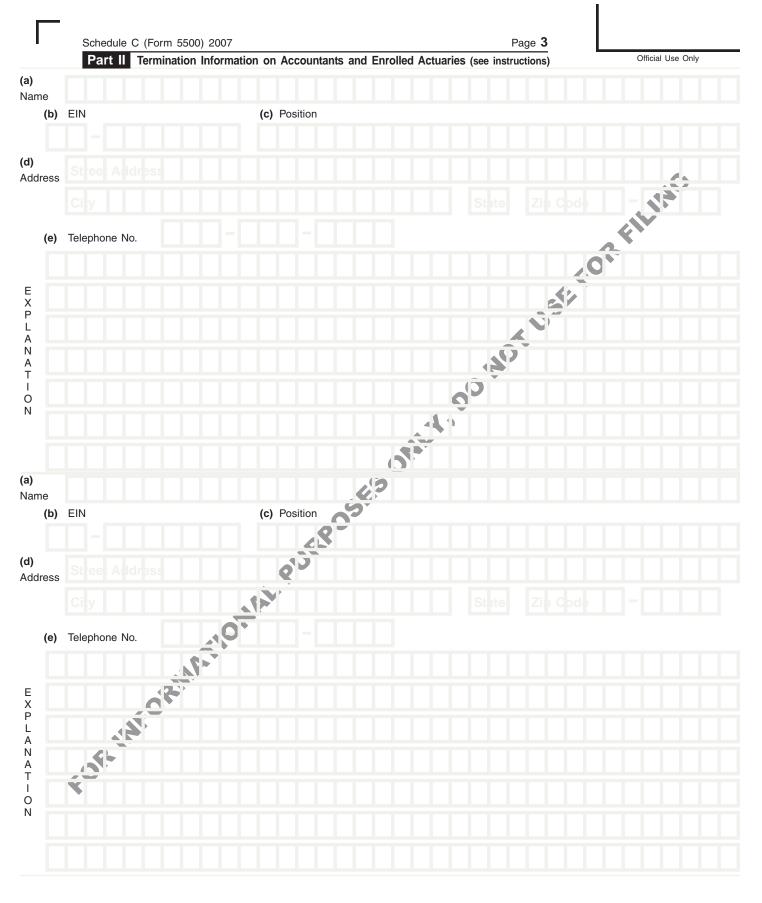
Schedule C (Form 5500) 2007

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			Childra Coc Chily
Name			
Employer identification number (see instruction	ons)		
Official plan position			
employee organization, or person			
Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g)	Nature of service code(s)
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	(f) Fees and commissions paid by plan	(q)	Nature of service code(s)
			(see
News			instructions)
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	42		
Employer identification number (see instruction	ons)		
Official plan position			
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employee organization, or person			
	(f) Fees and commissions paid by plan	(g)	Nature of service code(s)
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			instructions)
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