Attention:

This form or schedule is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

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

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

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2005

This Form is Open to Public Inspection.

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		ndar plan year 2005 plan year beginning and end	ing							/	Y	YYY
Δ.	Name	of plan	В			ee-d n nu	М.	er	>			
3	Plan	sponsor's name as shown on line 2a of Form 5500	D	5	Ėm	ploy	er I	lden	tifica	ation	Nu	mber
Pa	art I	Service Provider Information (see instructions)										
1		r the total dollar amount of compensation paid by the plan to all persons, than those listed below, who received compensation during the plan year:										_0
2	desc	ne first item below list the contract administrator, if any, as defined in the instructions. On tending order of the compensation they received for the services rendered during the plan r N/A in (c) and (d).										
	(a) Name											
		6										
	(b)	Employer identification number (see instructions)										
	(c)	Official plan position Contract adm	i r	۱ i	S	t	r	а	ιt	0	r	
	(d)	Relationship to employer, employee organization, or person known to be a party-in-interest										
	(e)	AX =									s)	
						(se		tion	s)	1	2	
	(a)	Name										
	(b)	Employer identification number (see instructions)										
	(c)	Official plan position										
	(d)	Relationship to employer, employee organization, or person known to be a party-in-interest										
	(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan			(g)	(se	е		servi	ce co	ode(s)
						ins	truc	tion	s)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2005





instructions)

Schedule C (Form 550)		Page 3	Official Hos Only
Part II Termination	n Information on Accountants and Enrol	led Actuaries (see instructions)	Official Use Only
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