## SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits 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

2001

This Form is Open to Public Inspection.

		ndar plan year 2001 plan year beginning											and	l en	dino	3										
4	Name	e of plan														В			e-di nun	_	.	•				
•	Plan	sponsor's name as shown on line	2a of	Form	550	0										D	E	mp	loye	er Id	lent	ifica	tion	Num	nber	
Pa	art I	Service Provider Inform	ation	(se	e in	stru	uctio	ons	<b>s)</b>																	
1		er the total dollar amount of comper r than those listed below, who rece		•	-																					
2	desc	the first item below list the contract cending order of the compensation r N/A in (c) and (d).				-																			hould	I
	(a)	Name																								
	(b) (c) (d)	Employer identification number (see Official plan position Relationship to employer, employee organization, or person known to be a party-in-interest	(		n		r								i	n	i					t				
	(e) Gross salary or allowances paid by plan (f) Fees a									nd commissions paid by plan								(g) Nature (see			or s	of service code(s)			;) 	
																inst	ruct	ions	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	y plan		(f)	Fee	s and	cor	nmi	ssior	ns pa	aid I	by p	lan				(g)			of s	ervi	e co	ode(s	;)	
																			(see		ions	s)				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2001





(f) Fees and commissions paid by plan

Gross salary or allowances paid by plan

(g) Nature of service code(s)

(see instructions)

-	Schedule C (Form 55	on Information on Accountants and E		Page 3	Official Use Only
)	Tart II Termination	on information on Accountains and E	inoned Actuaires (see insti	uctions)	
ame					
(b)	EIN	(c) Position			
)					
dress					
(e)	Telephone No.				
(-)	Total Title				
) ame					
(b)	EIN	(c) Position			
)					
dress					
(e)	Telephone No.				

