	SCHEDULE C (Form 5500)		S	er	vic	e	Pr	ovi	id	er	Info	or	ma	tio	n					О			Use (	Only D-0110
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Schedule C (Form 5500) 2004

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a)	Name			
b)	Employer identification number (see instruc	tions)		
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) Nature of service code(s)	
			(see instructions)	
a)	Name		,	
b)	Employer identification number (see instruc	tions)		
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) Nature of service code(s)	
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d)	Relationship to employer,			
	employee organization, or person known to be a party-in-interest			
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			instructions)	
3)	Name			
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c)	Official plan position			
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	Schedule C (Form 5500) Part II Termination I	nformation on Accountants and Enro	Page 3	Official Use Only
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