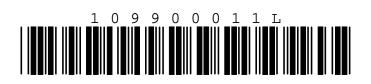
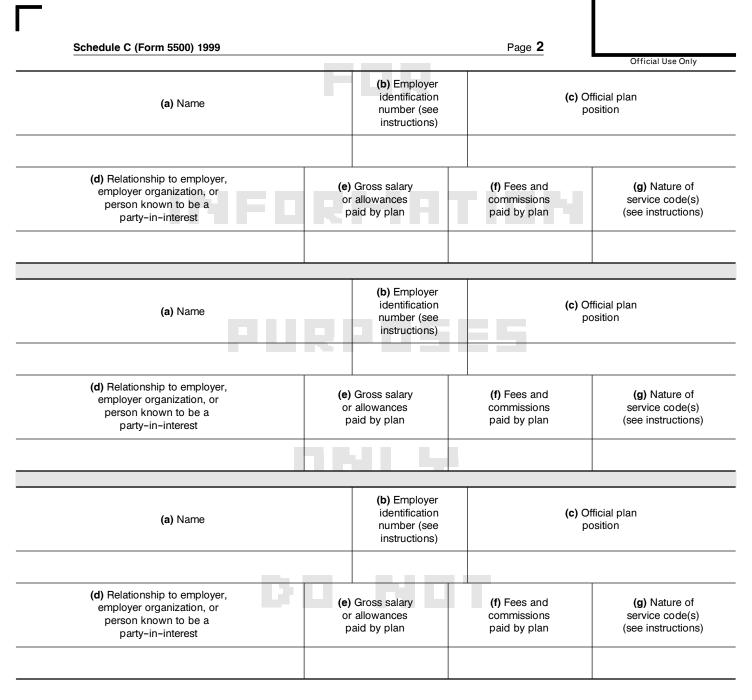
SCHEDULE C (Form 5500)	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.		Official Use Only OMB No. 1210-0110		
Department of the Treasury Internal Revenue Service Department of Labor ension and Welfare Benefits Administration			1999		
Pension Benefit Guaranty Corporation	► Fi	le as an attachment to Fo	rm 5500.	This Form is Open to Public Inspection	
r the calendar year 1999 or fiscal pla	n year beginning		, , and ending	,	
Name of plan				umber 🕨	
Plan sponsor's name as shown on	line 2a of Form 5500		D Emplo	over Identification Number	
art I Service Provider Info	rmation (see instru	uctions)			
 Enter the total dollar amount of collisted below, who received competing On the first item below list the condescending order of the compension enter N/A in columns (c) and (d). 	nsation during the plan y tract administrator, if any,	ear:	1		
(a) Name	(b) Employe			(c) Official plan position	
			Contract a	administrator	
(d) Relationship to emp employer organization person known to be party-in-interest	, or	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
				12	
(a) Name	9	(b) Employer identification number (see instructions)	.,	Official plan osition	
(d) Relationship to emp employer organization person known to be party-in-interest	, or	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
r Paperwork Reduction Act Notice	and OMB Control Numb	ers, see the Instructions	for Form 5500. v2.3	Schedule C (Form 5500) 1	

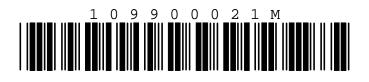












Schedule C (Form 5500) 1999	Page 3	
		l Use Only
Part II Termination Information on Accountants and Enrolled Actuaries	s (see instructions)	
(a) Name	(b) EIN	
(C) Position		
(d) Address		
(e) Telephone No.	10N	
Explanation:		
(-)	<i>(</i> 1-)	
(a) Name	(b) EIN	
(C) Position		
(d) Address		
(e) Telephone No.		
Fordersetters		
(a) Name	(b) EIN	
(C) Position		
(d) Address		
(e) Telephone No.		
Explanation:		
	R	

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