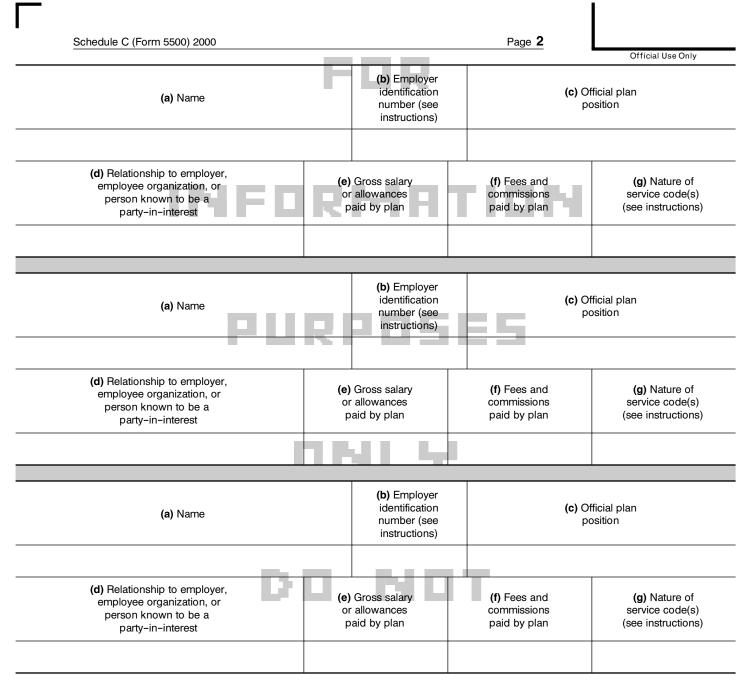
SCHEDULE C (Form 5500) Service Provider Information						Official Use Only OMB No. 1210–0110		
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the					2000		
Department of Labor Pension and Welfare Benefits Administration	Employee Retirement Income Security Act of 1974.					This Form is Open to		
Pension Benefit Guaranty Corporation		File as a	an attachment to Fo		Public	Inspection.		
For calendar plan year 2000 or fiscal p A Name of plan	lan year beginning			, and ending B Three	-diait	,		
		_			umber			
C Plan sponsor's name as shown on	line 2a of Form 5500	R	MH	D Emplo	oyer Identific	ation Number		
Part I Service Provider Infe	ormation (see ins	struction	ns)					
1 Enter the total dollar amount of co listed below, who received compo		•	•					
2 On the first item below list the con		• ·			•			
descending order of the compens	sation they received fo	r the servi	ces rendered during	the plan year. List only the to	p 40. 103–12	IEs should		
enter N/A in (c) and (d).			(b) Employer					
(a) Name			identification number (see instructions)	.,	(c) Official plan position			
				Contract a	adminis	trator		
(d) Relationship to emp employee organizatio			Gross salary	(f) Fees and		Nature of		
person known to be a party-in-interest			r allowances baid by plan	commissions paid by plan	service code(s) (see instructions)			
		JP	41.4			12		
(a) Name			(b) Employer identification number (see instructions)	(c) Official plan position				
	_	_						
		or	Gross salary allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)			
For Paperwork Reduction Act Notice	and OMB Control Nu	imbers, s	ee the instructions	for Form 5500. v3.2	Schedule C	(Form 5500) 2000		
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1						I		









•	Schedule C (Form 5500) 2000	Page 3	
Part II	Termination Information on Accountants and Enrolled Actuarion	os (soo instructions)	Official Use Only
	n		
(d) Addres	SS		
(e) Teleph	none No.	IDN.	
Explanatior	n:		
(a) Name_	01100055	(b) EIN	
	FUKFU36		
(d) Addres	SS		
(e) Teleph	none No		
Explanatior	n:		
(a) Name_		(b) EIN	
(C) Position	n		
(d) Addres	ss	· · · ·	
(e) Teleph	none No		
Explanatior	n:		
		K	

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