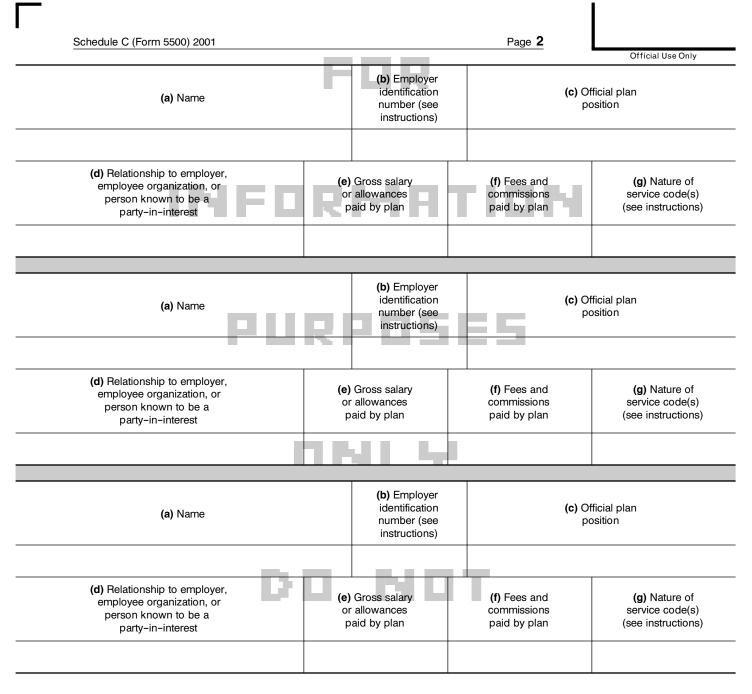
SCHEDULE C (Form 5500)	Service Provider Information						Official Use Only OMB No. 1210–0110		
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the						2001		
Department of Labor Pension and Welfare Benefits Administration	Employee Retirement Income Security Act of 1974.						This Form is Open to		
Pension Benefit Guaranty Corporation		File as a	n attachment to Fo			Public I	nspection.		
For calendar plan year 2001 or fiscal p A Name of plan	lan year beginning			, and endi	ng B Three-	diait	3		
					plan nu				
C Plan sponsor's name as shown on	line 2a of Form 5500	R	MR			yer Identifica	tion Number		
Part I Service Provider Infe	ormation (see ins	struction	s)						
1 Enter the total dollar amount of co- listed below, who received compared		•	•		. 1				
2 On the first item below list the cor	ntract administrator, if a	any, as def	ined in the instructio	ns. On the other ite	ms, list ser	vice providers	in		
descending order of the compens	sation they received fo	r the servic	es rendered during	the plan year. List c	only the top	40. 103–12 le	Es should		
enter N/A in (c) and (d).			(b) Employer						
(a) Name			identification number (see instructions)		• • •	fficial plan osition			
				Contr	act a	dminist	rator		
(d) Relationship to employer,			Gross salary	(f) Fees an	(f) Fees and		(g) Nature of		
employee organization, or person known to be a			allowances aid by plan		commissions paid by plan		e code(s) structions)		
party-in-interest paid by plan paid by plan paid by plan				12					
(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		or	Gross salary allowances aid by plan	commission	(f) Fees and commissions paid by plan		(g) Nature of service code(s) (see instructions)		
For Paperwork Reduction Act Notice	and OMB Control Nu	umbers, se	ee the instructions	for Form 5500.	v4.1 S	Schedule C (F	orm 5500) 2001		
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•	Schedule C (Form 5500) 2001		Pa	age 3	
Part II	Termination Information o	n Accountante and	Eprolled Actuaries (see	instructions	Official Use Only
Part II		IT ACCOUNTAINS and	i Enrolleu Actuaries (see	msuucuons)	
(a) Name_				(b) EIN	
(C) Positio	n				
(d) Addres	SS				
(e) Teleph	one No.	FORI	матн	1N-	
Explanation	n:				
(a) Name_				(b) EIN	
	n	- 11 K F	-uses		
(d) Addres					
	one No				
	n:				
(a) Name_				(b) EIN	
(C) Positio					
(d) Addres	ss	DD.	NOT		
(e) Teleph	one No.				
Explanatio	n:				

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