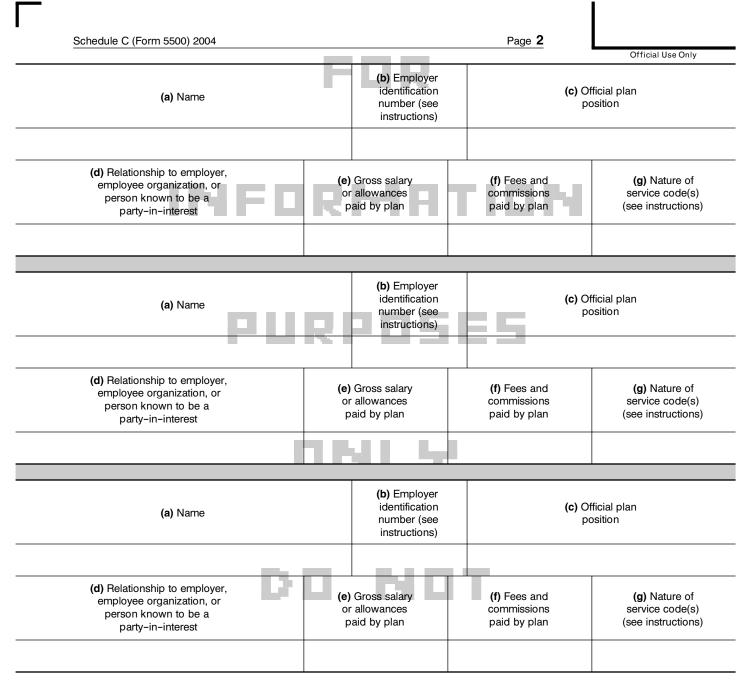
SCHEDULE C (Form 5500) Service Provider Information							Official Use Only OMB No. 1210–0110	
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the						2004	
Department of Labor Employee Benefits Security Administration	Employee Retirement Income Security Act of 1974.					This Form is Open to		
Pension Benefit Guaranty Corporation	Þ	File as a	in attachment to For	rm 5500.			Inspection.	
For calendar plan year 2004 or fiscal p	an year beginning			, and ending			3	
A Name of plan				В	Three- plan nu	0		
C Plan sponsor's name as shown on	line 2a of Form 5500	R	мн	D			ation Number	
Part I Service Provider Info	ormation (see ins	structior	ns)					
1 Enter the total dollar amount of co listed below, who received compo			•		1			
<b>2</b> On the first item below list the cor		-				-		
descending order of the compens	ation they received fo	r the servi	ces rendered during	the plan year. List only	/ the top	40. 103–12	IEs should	
enter N/A in (c) and (d).			(b) Employer identification number (see instructions)	FS	(c) Official plan position			
		-		Contra	ct a	dminis	trator	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		or	Gross salary allowances aid by plan	<b>(f)</b> Fees and commissions paid by plan		<b>(g)</b> Nature of service code(s) (see instructions)		
			164				12	
(a) Name			(b) Employer identification number (see instructions)		<b>(c)</b> Official plan position			
(d) Relationship to emp employee organizatio			Gross salary allowances	(f) Fees and commissions			Nature of ce code(s)	
person known to be a party-in-interest		paid by plan		paid by plan		(see instructions)		
For Paperwork Reduction Act Notice			ee the instructions f		7.2 S	ichedule C (	Form 5500) 2004	
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•	Schedule C (Form 5500) 2004 Page	ə <b>3</b>	
Part II	Termination Information on Accountants and Enrolled Actuaries (see in	netructione)	Official Use Only
(a) Name_		( <b>b)</b> EIN	
(C) Position	n		
(d) Addres	S		
(e) Telepho	one No.	IN.	
Explanation	n:		
<b>(a)</b> Name_	DUDDDSES	(b) EIN	
	<u> </u>		
(d) Addres	S		
	one No		
	κ		
	LIPILY		
<b>(a)</b> Name_		<b>(b)</b> EIN	
(C) Positior			
(d) Addres			
(e) Telepho	one No		
Explanation	1.		

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