SCHEDULE SSA (Form 5500)

Department of the Treasury

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057(a) of the Internal Revenue Code

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as an attachment to Form 5500 unless box 1 is checked

Official Use Only

OMB No. 1210-0110

2004

This Form is NOT Open to Public Inspection.

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		and ending		
Name of plan				
Plan sponsor's name as show	n on line 2a of Form 5500			
Three-digit plan number ▶	D Employer lo	dentification Number		
		voluntarily file Schedul	e SSA. If so, compl	ete lines 2 through
Plan sponsor's address (number	er, street, and room or suite no.) (If a P.O. box	s, see the instructions fo	or line 2.)	
City or town		State	ZIP code	
Name of plan administrator (if	other than sponsor)			
	tuite no. (If a P.O. hov. see the instructions for	lina 2)		
			2 code	
er penalties of perjury, I declare			-	
pest of my knowledge and belicature of plan administrator	· I Hork	e number of administrator		
ON HERE				
	calendar plan year 2004 scal plan year beginning Name of plan Plan sponsor's name as show Check here if plan is a garage and the signature and signature are selected. Plan sponsor's address (number and signature are selected. City or town Name of plan administrator (if administrator's EIN Number, street, and room or selected. City or town City or town City or town	calendar plan year 2004 scal plan year beginning Name of plan Plan sponsor's name as shown on line 2a of Form 5500 Three-digit plan number Check here if plan is a government, church or other plan that elects to 3c, and the signature area. Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box City or town Name of plan administrator (if other than sponsor) Administrator's EIN Number, street, and room or suite no. (If a P.O. box, see the instructions for City or town City or town City or town City or town Phones of perjury, I declare that I have examined this report, and to pest of my knowledge and belief, it is true, correct, and complete. Phone	Check here if plan is a government, church or other plan that elects to voluntarily file Schedul 3c, and the signature area. Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.) City or town State Zif Er penalties of perjury, I declare that I have examined this report, and to peet of my knowledge and belief, it is true, correct, and complete. Phone number of plan number of phone number of	Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, compliancy, and the signature area. Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.) City or town State ZIP code Administrator's EIN Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.) City or town State ZIP code City or town State Tip code

Schedule	422	(Form	5500)	2004	
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		L	lse with entry o	ode "A", "E	B", "C", or "D"	
	(a) Entry cod	e		(b) So	ocial security number	
	(c) Name of	participant	(First)	(M. I.)	(Last)	
			Use with e	ntry code "/	A" or "B"	
Ento	code for			-	unt of vested benefit	
	ure and				Defined contribution plan	
form (d)	of benefit (e)	(f) Defined benef	fit plan periodic pa	ıyment	(g) Units or shares	ind
Type of annuity	Payment frequency				(h) Total value of account	
Jse wi	ith entry c	ode "C"				
	(a) Entry cod	e L	Ise with entry o	(b) So	ocial security number	
		e L	/se with entry o (First)			
	(a) Entry cod	e L	(First)	(b) So	ocial security number (Last)	
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