SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Service Provider Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2005

This Form is Open to Public Inspection.

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		endar plan year 2005 plan year beginning						aı	nd en	ding			VI	CD	/		
Α	Name	e of plan								В		Three- plan n	0 -	•			
С	Plan	sponsor's name as shown on	line 2a of	Form 550	00					D		Emplo	yer lo	dentifica	ation	Numbe	r
Р	art I	Service Provider Info	ormatio	n (see i	nstructi	ons)				O							
1		ter the total dollar amount of compensation paid by the plan to all persons, ner than those listed below, who received compensation during the plan year:															
2	desc	n the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in escending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should after N/A in (c) and (d).															
	(a)	Name					3										
	(b)	Employer identification number	er (see inst	ructions)		<u>C</u>)-											
	(c) (d)	Official plan position Relationship to employer, employee organization, or per known to be a party-in-interes		C o r	n to	a c	t	a c	d m	i r	n i	S	t r	a t	0	r	
	(e)	Gross salary or allowances pa		(f)	Fees and	d commis	ssions p	aid by	plan			(g) N	lature	of servi	ce co	de(s)	
			_00	S.								`	see nstruct	ions)	1	2	
	(a)	Name	(0)														
	(b)	(b) Employer identification number (see instructions)															
	(c)	Official plan position															
	(d)	Relationship to employer, employee organization, or per known to be a party-in-interes															
	(e)	Gross salary or allowances pa	aid by plan	(f)	Fees and	d commis	ssions p	aid by	plan				lature see	of servi	ce co	de(s)	
												ir	struct	ions)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2005



(a)	Name								
		.27							
(1-)									
(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								
(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan	(g) Nature of service code(s)							
		(see instructions)							
(a)	Name	113							
(b)	Employer identification number (equi instructions)								
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(c)	Official plan position								
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	00 00	(see instructions)							
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