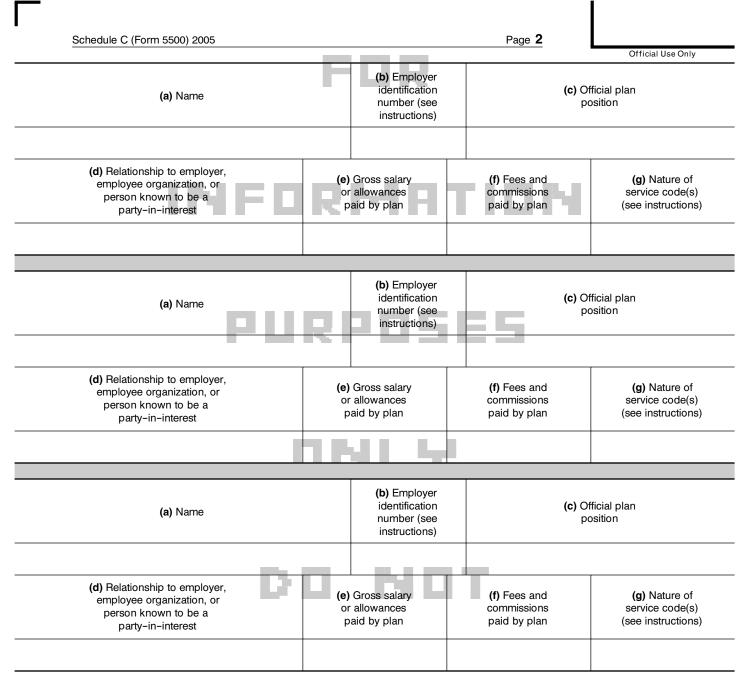
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SCHEDULE C (Form 5500) Service Provider Information							Official Use Only OMB No. 1210-0110		
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the					2005			
Department of Labor Employee Benefits Security Administration	Employee Retirement Income Security Act of 1974.					This Form is Open to			
Pension Benefit Guaranty Corporation For calendar plan year 2005 or fiscal p		File as a	an attachment to Fo	rm 5500. , and ending		Public	Inspection.		
A Name of plan	an year beginning			_	nree-c	diait	3		
					an nu	-			
C Plan sponsor's name as shown on	line 2a of Form 5500	к	мн	DE	nploy	er Identific	ation Number		
Part I Service Provider Info	ormation (see ins	struction	 ns)						
1 Enter the total dollar amount of co	mpensation paid by t	he plan to	all persons, other that						
listed below, who received compe					-	,			
2 On the first item below list the cor descending order of the compens						•			
enter N/A in (c) and (d).					U lop	40. 100 12			
			(b) Employer identification		(a) Off	ficial plan			
(a) Nam	e		number (see		position				
			instructions)						
				Contract	z a	dminis	trator		
omployee organization or			Gross salary	(f) Fees and		(g) Nature of			
employee organization, or person known to be a party-in-interest			pr allowances commissions paid by plan paid by plan				ce code(s) nstructions)		
							12		
			(b) Employer						
(a) Name			identification number (see		(c) Official plan position				
			instructions)						
	_								
(d) Relationship to emp		(e)	Gross salary	(f) Fees and		(g)	Nature of		
employee organization, or			allowances	commissions					
party-in-interest paid by paid by party-in-interest			paid by plan	paid by plan			nstructions)		
For Paperwork Reduction Act Notice	and OMB Control Nu	ımbers, s	ee the instructions f	for Form 5500. v8.2	S	chedule C	(Form 5500) 2005		
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•	Schedule C (Form 5500) 2005 Page	3	
Part II	Termination Information on Accountants and Enrolled Actuaries (see in	structions)	Official Use Only
Farti	Termination information of Accountants and Enrolled Actuaries (see in	siruciions)	
(a) Name_		(b) EIN	
(C) Position	n		
	SS		
(e) Teleph	one No	ы.	
Explanatior	n:		
(a) Name_	DUDDDSES	(b) EIN	
(d) Addres	SS		
	one No		
	ι		
(a) Name_		(b) EIN	
(C) Position			
(d) Addres			
(e) Teleph	one No		
Explanatior	n:		

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