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

2004

This Form is Open to Public Inspection.

For calendar plan year 2004 or fiscal plan year beginning MM / DD / YYYY and ending MM / DD / YYYY

A Name of plan

B Three-digit plan number ▶

C Plan sponsor's name as shown on line 2a of Form 5500

D **Employer Identification Number**

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: ..... .00

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name

(b) Employer identification number (see instructions)

(c) Official plan position: Contract administrator

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

(e) Gross salary or allowances paid by plan .00

(f) Fees and commissions paid by plan .00

(g) Nature of service code(s) (see instructions): 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

(e) Gross salary or allowances paid by plan .00

(f) Fees and commissions paid by plan .00

(g) Nature of service code(s) (see instructions)

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(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

(e) Gross salary or allowances paid by plan .00

(f) Fees and commissions paid by plan .00

(g) Nature of service code(s) (see instructions)

(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

(e) Gross salary or allowances paid by plan .00

(f) Fees and commissions paid by plan .00

(g) Nature of service code(s) (see instructions)

(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

(e) Gross salary or allowances paid by plan .00

(f) Fees and commissions paid by plan .00

(g) Nature of service code(s) (see instructions)

(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

(e) Gross salary or allowances paid by plan .00

(f) Fees and commissions paid by plan .00

(g) Nature of service code(s) (see instructions)

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Part II **Termination Information on Accountants and Enrolled Actuaries** (see instructions)

(a) Name

(b) EIN

(c) Position

(d) Address

Street Address

City

State

Zip Code

(e) Telephone No.

EXPLANATION

(a) Name

(b) EIN

(c) Position

(d) Address

Street Address

City

State

Zip Code

(e) Telephone No.

EXPLANATION

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