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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 Employee Retirement Income Security Act of 1974.							20	06	
Department of Labor mployee Benefits Security Administration Pension Benefit Guaranty Corporation								n is Open to Inspection.	
For calendar plan year 2006 MM / DD / YYYYY and ending MM									
A Name of plan				в		ee-digit numbe	r 🕨		
C Plan sponsor's name as shown	on line 2a of Form 5500			D	Emp	oloyer I	dentifi	ication	n Number
Part I Service Provider	Information (see inst	tructions)		C					
1 Enter the total dollar amount of other than those listed below, v									
2 On the first item below list the descending order of the competenter N/A in (c) and (d).			*						
(a) Name									
(b) Employer identification nu	mber (see instructions)								
 (c) Official plan position (d) Relationship to employer, employee organization, or known to be a party-in-interest 		t Pact	a d m	i n	i s	t r	а	t o	r
(e) Gross salary or allowance		ees and commissions	paid by plan		(g)	Nature	of ser	vice c	ode(s)
						(see instruc	tions)	1	2
(a) Name									
(b) Employer identification nu	mber (see instructions)								
(c) Official plan position									
(d) Relationship to employer, employee organization, or known to be a party-in-into	r person erest								
(e) Gross salary or allowance	es paid by plan (f) Fe	ees and commissions	paid by plan		(g)	Nature (see instruc		vice co	ode(s)
For Paperwork Reduction Act Notice	e and OMB Control Number	rs, see the instructior	ns for Form 55	00. Cat.	No. 1	3515E	Sched	ule C (Form 5500) 2006

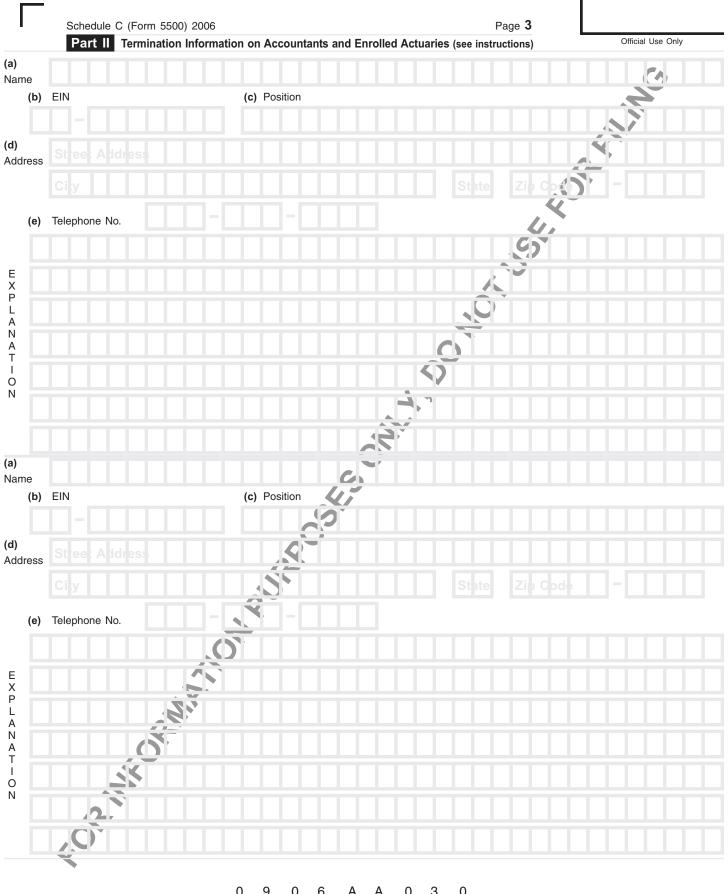


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				- ··· · ,
(a)	Name			
(b)	Employer identification number (see instructions)			
(c)	Official plan position			
(d)	Relationship to employer, employee organization, or person			
(e)	known to be a party-in-interest	Fees and commissions paid by plan		g) Nature of service code(s)
(0)			00	(see
(a)	Name			instructions)
(a)				
(b)	Employer identification number (see instructions)			
(c)	Official plan position	0		
(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	0		
		C		
(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	Fees and commissions paid by plan	(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)		Fees and commissions paid by plan		g) Nature of service code(s) (see
				instructions)
	4			
				<u>-</u>



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