Notice of Merger, Consolidation or Transfer of Plan Assets or Liabilities

(Under section 6058(b) of the Internal Revenue Code) File Form 5310-A in duplicate.

For Agency Use Only

OMB No. 1545-1225 Expires 4-30-94

Department of the Treasury Internal Revenue Service

See the Who Must File instructions before filing this form. The information provided on this form will be read by computer. Therefore page 1 must be typed (except the signature). Please enter information exactly as requested and only in the space provided. Do not type in shaded areas.

1a	Name of plan sponsor (employer if single-employer plan)		1b	Employer identificat	ion number
	Address (number, street, room, or suite no. (If a P.O. box, see page 1 of	the instructions)	10	Employer's tax year e	ends—N/A or (MM)
	City State	ZIP o	code 1d	Telephone number	
				()	
2	Person to be contacted if more information is needed. (If same as 1a, lea (Complete even if Power of Attorney is attached):	ave blank.)			
	Name				
	Address (number, street, room, or suite no. (If a P.O. box, see page 1 of	the instructions)			
	City State	ZIP c	code	Telephone number	
3a	Name of Plan (Plan name may not exceed 66 characters	.):		()	_
	b Enter plan number (3 digits)		d En	iter date plan effe	 ctive (MMDDYY
	c Enter date plan year ends (MMDD))		iter number of pa	•
4a	If this is a defined benefit plan, enter the appropriate nun			•	
	showing compliance with the requirements of Code secti				
	Enter 1 for unit benefit	Enter 3 for flat b	enefit		
	Enter 2 for fixed benefit	Enter 4 for other	(specify)		
b	If this is a defined contribution plan, enter the appropriate valuation showing compliance with the requirements of C	e number in box at Code section 401(a)(left AND attact 12) and the re	ch an actuarial sta egulations under s	atement of section 414(I).
	Enter 1 for profit sharing	Enter 4 for targe	t benefit		
	Enter 2 for stock bonus	Enter 5 for other			
	Enter 3 for money purchase				
5a	Is the employer a member of an affiliated service group?				
b	Enter 1 if "Yes" Is the employer a member of a controlled group of corporati	Enter 2 if "No" ons or a group of tra		nter 3 if "Not Cert	
	Enter 1 if "Yes"	Enter 2 if "No"			
6	Enter type of plan:				
	Enter 1 if governmental plan or ch	•			
	Enter 2 if multiple employer plan (described in section	1 413(c)). Entei	r number of partic	cipating
	employers				
7	Enter 3 if other Other plan(s) involved in transaction (see instructions):				
	Plan name				
b	Name of employer		d Dlan num	hor (2 digits)	
	Employer Identification number Date of merger, consolidation or transfer (MMDDYY)		u Pidii iium	ber (3 digits)	
	Type of plan . Enter the number to in	idicate type of plan:	1 defined b	nanafit 2 101/W	arrangement,
	3 ESOP 4 money purchase, or 5 Other.	uncate type of plant.	i deinied t	2 40 I(K)	arangement,
	r penalties of perjury, I declare that I have examined this application, incluct, and complete. Both copies of this page must be signed.	ding accompanying state	ments, and to the	best of my knowledge	e and belief it is true
Signa	ature ► T	ïtle ▶		Date ►	
-9'''				Duto -	

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1a	Name of plan sponsor (employer if single-employer plan)	1b	Employe	r identification number
	Address (number, street, room, or suite no. (If a P.O. box, see page 1 of the instructions)	>	<	>
	Address (number, street, room, or suite no. (If a P.O. box, see page 1 of the instructions)			's tax year ends—N/A or (MM)
	City State ZIP code	. >		
				ne number
	Person to be contacted if more information is needed. (If same as 1a, leave blank.)	. >)
2	Person to be contacted if more information is needed. (If same as 1a, leave blank.) (Complete even if Power of Attorney is attached):			
	Name			
	Address (number, street, room, or suite no. (If a P.O. box, see page 1 of the instructions)			>
	City State ZIP code			>
	City State ZIP code		Telephor	ne number
	<> <> > <	. >)
3a	Name of Plan (Plan name may not exceed 66 characters.):			>
		d Ent	er date	plan effective (MMDDYY)
				per of participants in plan
4a	If this is a defined benefit plan, enter the appropriate number in box at left AND attack			
	showing compliance with the requirements of Code section 401(a)(12) and the regula	tions (under se	ection 414(I).
	Enter 1 for unit benefit Enter 3 for flat benefit			
	Enter 2 for fixed benefit Enter 4 for other (specify	·)		
b	If this is a defined contribution plan, enter the appropriate number in box at left AND valuation showing compliance with the requirements of Code section 401(a)(12) and	attacl	n an act	uarial statement of
	Enter 1 for profit sharing Enter 4 for target benefit	`		
	Enter 2 for stock bonus Enter 5 for other (specify			
	Enter 3 for money purchase	,		
5a	Is the employer a member of an affiliated service group?			
	Enter 1 if "Yes" Enter 2 if "No"	Fn	ter 3 if '	"Not Certain"
b	Is the employer a member of a controlled group of corporations or a group of trades or be			
	Enter 1 if "Yes" Enter 2 if "No"			
6	Enter type of plan:			
	Enter 1 if governmental plan or church plan not subject to ER	ISA		
	Enter 2 if multiple employer plan (described in section 413(c)).	Enter	number	r of participating
	employers			
	Enter 3 if other			
7	Other plan(s) involved in transaction (see instructions):			
а	Plan name <			>
b	Name of employer <			>
С		numb	er (3 di	gits) < >
е	Date of merger, consolidation or transfer (MMDDYY) < >			
f	Type of plan < > . Enter the number to indicate type of plan: 1 defi 3 ESOP 4 money purchase, or 5 Other.	ned b	enefit,	2 401(k) arrangement,
	r penalties of perjury, I declare that I have examined this application, including accompanying statements, and ct, and complete. Both copies of this page must be signed.	to the	pest of my	/ knowledge and belief it is true,
Siana	ature ► Title ►			Data ►
Jigita	ature ► Title ►			Date ►

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