

## **Standard Termination Notice** Single-Employer Plan Termination

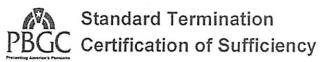
## PBGC Form 500 Approved OMB 1212-0036 Expires 14/09/2017

PAI	RT I.	IDENTIFYING INFORMATION						
1a	Plan Name			1b	1b Last day of plan year			
2a	Contributing Sponsor's name and address (Address should include room or suite no.)			2b	2b Sponsor's telephone number			
	,		2c 9	2c 9-digit employer identification number (EIN)				
				2d	2d 3-digit plan number (PN)			
2e	If you used a different EIN or PN for this contributing sponsor/plan in previous filings with the PBGC, also show the number(s) previously reported			2f	2f 6-digit business code			
3a	Plan Administrator's name and address (if same as 2a, enter "same") (Address should include room or suite no.)			Plan Administrator's telephone number				
				3c E-mail address (optional)				
3d	Name and address of person to be contacted for more information (if same as 3a, enter "same") (Address should include room or suite no.)			3e	3e Telephone number			
				3f	E-mail address (optional)	Ĭ		
PAI	RT II.	GENERAL PLAN INFORMATION						
4a	STORY OF STREET	ou filed, or will you file, with the Internal Revenue Service	Yes	4b 1	f "Yes" to 4a, enter the fil	ing date:		
	for a de	termination letter on the termination of this plan?	□No		(MANA/DD/VVVV)			
5a	Is this a	multiple-employer plan?	☐Yes ☐No	5b	(MM/DD/YYYY)  f "Yes" to 5a, attach a list employer identification no contributing sponsors			
6	Reason	for plan termination. If more than one reason for the termina	tion (considering (1)					
а		CODEN TO PROPERTY TO PROGRAM AND	(	· -, ·				
_	(1)	Plan administration too costly or complicated				6a(1)		
	(2)	Plan benefits too costly				6a(2)		
	(3)	Restructuring of retirement program (e.g. adoption of new p	lan decision that de	fined be	enefit plan no	6a(3)		
	(0)	longer meets employer objectives)	ant, addiction that ad-		onone prantito	04(0)		
	(4)	Retirement/illness/death of owner(s)				6a(4)		
b	Business	s related				Edulation		
	(5)	Adverse business conditions				6b(5)		
	(6) Sale of company/subsidiary/division (not involving bankruptcy or similar proceeding)					<b>6b</b> (6)		
	(7)	Company/subsidiary/division closed (not involving bankrupt	cy or similar proceed	ding)		6b(7)		
	(8)	Merger of company				6b(8)		
	(9) Contributing sponsor acquired by another business				6b(9)			
	(10) Another business acquired by contributing sponsor				6b(10)			
		Contributing sponsor reorganized (in bankruptcy or similar p				6b(11)		
	(12) Contributing sponsor liquidated (in bankruptcy or similar proceeding)				6b(12)			
С	C Other (specify)				6c			
7	Changes in contributing sponsor associated with plan termination (check all that apply)							
а	No change				7a			
	Sale of company/subsidiary/division (not involving bankruptcy or similar proceeding)			7b				
С	Company/subsidiary/division closed (not involving bankruptcy or similar proceeding)			7c				
	d Merger of company				7d	Ц_		
е	e Contributing sponsor acquired by another business				7e	ᆜ		
f					7f	ᆜᅳ		
_	g Contributing sponsor reorganized (in bankruptcy or similar proceeding)				7g	ᆜ		
h	h Contributing sponsor liquidated (in bankruptcy or similar proceeding)					7h		

8	Number of plan participants and beneficiaries as of proposed termination date:				
а	a Active participants				
b	Retirees or beneficiaries receiving benefits				
C	C Separated vested participants entitled to benefits				
d	Separated non-vested participants		8d		
е	e Total				
9	Estimated percent of currently employed participants that are covered under the terminated	plan that you expect to be	2		
	covered under:				
а	No plan		9a	%	
b	New or existing traditional defined benefit plan		9b	%	
С	New or existing hybrid defined benefit plan, other than cash balance plan		9c	%	
d	New or existing cash balance plan		9d	%	
е	New or existing profit sharing plan		9e	%	
f	New or existing 401(k) plan		9f	%	
g	New or existing simplified employee plan		9g	%	
h	Other new or existing defined contribution plan (specify)		9h	%	
10	If the percent entered for item 9b, 9c or 9d is greater than zero, will the types of benefits under the new or existing			es	
	defined benefit plan be substantially the same as under the terminating plan for all affected p		□No	)	
112	employed participants that you expect will be covered under the new or existing defined ben Proposed termination date	ent plan.) (MM/DD/YYYY)			
	Proposed termination date Proposed termination date stated in notice of intent to terminate (if different from 11a)				
	1b Proposed termination date stated in notice of intent to terminate (if different from 11a)  Attach copy of notice of intent to terminate.  (MM/DD/YYYY)				
	Earliest date notices of intent to terminate issued to affected parties	(MM/DD/YYYY)			
12b	Latest date notices of intent to terminate issued to affected parties	(MM/DD/YYYY)			
13	Latest date notices of plan benefits issued to participants or beneficiaries (MM/DD/YYYY)  Attach copies of sample notices of plan benefits; see instructions.				
14a	Has a formal challenge to the termination been initiated under an existing collective bar - gaining agreement?	Yes	□ No □ N/A		
14b	If "Yes" to 14a, attach a copy of the formal challenge and a statement describing the challenge.				
15	Have all PBGC premiums been paid to date?	☐Yes	☐ No		
PAF	RT III. RESIDUAL PLAN ASSETS				
	Will residual assets be returned to the employer as a result of this termination?	Yes	☐ No		
			□ N/A		
16b	If "No" or "N/A" to 16a, do not complete the rest of Part III; go to Part IV.  If "Yes," enter the estimated amount:	S			
17a	Is there a plan provision permitting a reversion of residual assets to the employer	Yes, go to 17b	☐ No. go	to 18a	
17b	If "Yes" to 17a, was the provision adopted prior to 12/18/1988?	Yes, go to 18a	☐ No, go	to 17c	
17c	If "No" to 17b, enter:	to the second se			
(1)	1) Adoption date: (MM/DI				
(2)	) Effective date of plan: (MM/DD/YYYY)			4	
18a	Has the plan been involved in a spin-off/termination transaction?	Yes, go to 18b	☐ No, go	to Part IV	
18b	If "Yes" to 18a, have the requirements of the Guidelines been satisfied?	Yes, go to 18c		No, go to 18d N/A, go to 18d	
18c	If "Yes" to 18b, enter the dates for (1) and (2) and go to Part IV:				
(1)	latest date a description of the transactions(s) was issued to participants in the ongoing plan. (MM/DD/YYYY)				
(2)	(2) latest date notices of plan benefits were issued to participants in the ongoing plan. (MM/DD/YYYY)				
	18d If you checked "No" or "N/A" in 18b, attach a statement that describes the transaction(s) and explains why the Guidelines were not, or need not have been, followed.				

PART IV. PLAN ADMINISTRATOR CERTIFICATION

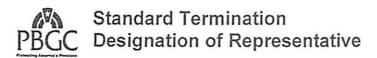
I, the Plan Administrator, certify that, to the best of my knowledge and belief: (1) I am implementing the termination of the plan in accordance with all applicable laws and regulations; and (2) the information contained in this filing and made available to the Enrolled Actuary is true, correct, and complete. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. §1001.



## PBGC Schedule EA-S

(PBGC Form 500) Approved OMB 1212-0036 Expires 14/38/2017

PART I. IDENTIFYING INFORMATION						
ia Fian Name	1b 9-digit employer identification number (EIN)					
	do 2 dialestas acceles (DN)					
	1c 3-digit plan number (PN)					
	<u> </u>					
PART II. CODE SECTION 412(e)(3) PLANS						
2 Is this plan a Code section 412(e)(3) plan?						
No: the Enrolled Actuary must complete Parts III and IV. Item 3 and Part V should r	ot be completed.					
Yes: item 3 and Part III must be completed. Depending upon who completes Part III, either Part IV or Part V must be completed and signed by the Plan Administrator or Enrolled Actuary as appropriate.						
3a Enter name (full official name of record) and address of the insurer	3b Telephone Number					
(Address should include room or suite no.)						
	20					
	et <sub>(See</sub>					
PART III. PLAN SUFFICIENCY						
4 Proposed distribution date	(MM/DD/YYYY)					
5 Is the value of plan assets projected to be sufficient as of the proposed distribution date to	□Yes □ No					
provide all plan benefits? If "No," the plan cannot terminate in a standard termination.						
6 Estimated fair market value of plan assets as of the proposed distribution date	\$					
7 Estimated present value of plan benefits as of the proposed distribution date	\$					
8 Estimated total amount of residual assets	\$					
9 Estimated amount of residual assets to be distributed to the employer	\$					
10 Estimated amount of residual assets to be distributed to participants and beneficiaries	\$					
11 Has the plan ever required employee contributions?	Yes No					
12 If the amount in item 9 is \$1 million or more and if any benefits are to be distributed other than through the purchase of annuity contracts, attach a statement showing interest rate/structure used to value the benefits.						
PART IV. ENROLLED ACTUARY CERTIFICATION	I control of the state of the s					
I, the Enrolled Actuary, certify that: (1) I have reviewed all plan documents and plan and participations.	ant data, and applied all relevant provisions of					
ERISA and the Internal Revenue Code and regulations promulgated thereunder; (2) to the best of equal or exceed the value of its plan benefits as of the proposed distribution date; and (3) to the information contained in this schedule is true, correct, and complete. In making this certificat making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.	of my knowledge and belief, this plan's assets best of my knowledge and belief, the ion, I recognize that knowingly and willfully					
Enrolled Actuary's company's name and address (Address should include room or suite no.)	Enrolled Actuary's Name (Print or type)					
	Enrollment Number					
	Telephone Number					
	Total Name of					
	E-mail address (optional)					
Enrolled Actuary's signature Date						
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PART V. PLAN ADMINISTRATOR CERTIFICATION FOR CODE SECT	ION 412(e)(3) PLANS					
I, the Plan Administrator, certify that, to the best of my knowledge and belief. (1) this plan complies with section 412(e)(3) of the Internal Revenue Code and regulations promulgated thereunder; (2) I have reviewed all plan documents and plan and participant data, and applied all relevant provisions of ERISA and the Code and regulations promulgated thereunder; (3) this plan's assets equal or exceed the value of its plan benefits as of the proposed distribution date; and (4) the information contained in this schedule is true, correct and complete. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. §1001.						



## PBGC Schedule REP-S (PBGC Form 500) Approved OMB 1212-0036 Expires 44/08/2017

PART I. IDENTIFYING INFORMATION			
1a Plan Name	11	9-digit employ (EIN)	ver identification number
	10	3-digit plan nu	umber (PN)
2a Plan Administrator's name and address (Address should include room or suite no.)	21:	Plan Administ	trator's telephone number
	20	: E-mail addres	es (optional)
PART II. DESIGNATION OF REPRESENTATIVE(S)		warmanin manusi a sa s	
	rator of the above-name ty Corporation on all ma	d pension plan, atters (other than	hereby appoint the following those specifically excluded
4a Representative's name and address (Address should include room or suite no.)	41:	Telephone nu	mber
	40	E-mail addres	s (optional)
4d Representative's name and address (Address should include room or suite no.)	46	Telephone nu	mber
	4f	E-mail addres	s (optional)
5 Matters excluded from authority of representative(s). List any specific at the acts otherwise authorized in this designation:	cts with respect to the pl	an termination t	hat you are excluding from
PART III. RETENTION / REVOCATION OF PRIOR DESI			
6a Have you filed any prior designation(s) of representative(s) for this term	ination?	Yes	No
6b If "Yes," do you want any such prior designation(s) of representative(s) t (Attach a copy of all prior designations that are to remain in effect.)	o remain in effect?	Yes	□No
NOTE: The PBGC will NOT accept unsigned designations. If the Plan and employee representatives, at least one employer representative and one designate a plan administrator or it designates the plan sponsor or the contribution of the plan sponsor or contributing sponsor who has the authority to in executing this document, I certify that the foregoing is true and correfalse, fictitious, or fraudulent statements to the PBGC is punishable under the plan sponsor of the plan sponsor or the contribution of the plan sponsor or contributing sponsor who has the authority to in executing this document, I certify that the foregoing is true and corresponding to the plan sponsor or the contribution of the plan sponsor or the plan sponsor or the contribution of the plan sponsor or the contribution of the plan sponsor or the plan	employee representation buting sponsor as the plop o sign on behalf of that e ct, and recognize that	ve must sign thi: an administrato:	s form. If the plan does not this form must be signed by
Plan Administrator's signature	Date	Printed nam	e and title