

Approved OMB 1212-0036 Expires 09/30/2010

PA	ART I. IDENTIFYING INFORMATION					
1a	Plan Name		1b Last day of plan year			
2a	Contributing Sponsor's name and address (Address should include room or suite no.)		2b Sponsor's telephone number			
			<b>2c</b> 9-digit employer identifica	ition number (EIN)		
			2d 3-digit plan number (PN)			
2e	If you used a different EIN or PN for this contributing sponsor/plan in pre the PBGC, also show the number(s) previously reported.	2f 6-digit business code				
<b>3a</b> Plan Administrator's name and address (if same as 2a, enter "same") (Address should include room or suite no.)		:	3b 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 Telephone number			
			3f E-mail address (optional)			
PA	ART II. GENERAL PLAN INFORMATION					
4a	Have you filed, or will you file, with the Internal Revenue Service for a determination letter on the termination of this plan?	Yes ·	<b>4b</b> If "Yes" to 4a, enter the fil	ing date:		
5a	Is this a multiple-employer plan?	Yes         3           No         3	(MM/DD/YYYY) <b>5b</b> If "Yes" to 5a, attach a list and employer identificatio contributing sponsors			
6	Reason for plan termination. If more than one reason for the termination	n (considering (1) - (12	2) and c ) see instructions			
-	Plan related	(conclusion) g (r) (r_				
	(1) Plan administration too costly or complicated			6a (1)		
	(2) Plan benefits too costly	aisian that defined her	aafit alaa aa laagar maata	<b>6a</b> (2)		
	<ul><li>(3) Restructuring of retirement program (e.g. adoption of new plan, de employer objectives)</li></ul>	tent plan no longer meets	<b>6a</b> (3)			
_	(4) Retirement/illness/death of owner(s)			<b>6a</b> (4)		
b	Business related					
	<ul><li>(5) Adverse business conditions</li><li>(6) Sale of company/subsidiary/division (not involving bankruptcy or similar proceeding)</li></ul>			6b (5) 6b (6)		
	(7) Company/subsidiary/division closed (not involving bankruptcy or si			<b>6b</b> (7)		
	(8) Merger of company			<b>6b</b> (8)		
	(9) Contributing sponsor acquired by another business			<b>6b</b> (9)		
	(10) Another business acquired by contributing sponsor			<b>6b</b> (10)		
	(11) Contributing sponsor reorganized (in bankruptcy or similar procee	ding)		<b>6b</b> (11)		
	(12) Contributing sponsor liquidated (in bankruptcy or similar proceeding	ng)		<b>6b</b> (12)		
С	Other (specify)			6c		
7	Changes in contributing sponsor associated with plan termination (check	k all that apply).				
	No change			7a		
b	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		
е	Contributing sponsor acquired by another business			7e		
f	Another business acquired by contributing sponsor			7f		
g	Contributing sponsor reorganized (in bankruptcy or similar proceeding)			7g		
-	Contributing sponsor liquidated (in bankruptcy or similar proceeding)			7h		
				<u>н                                     </u>		

## Standard Termination Notice • Single-Employer Plan Termination

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8	Number of plan participants and beneficiaries as of proposed termination date:					
а	Active participants					
b	Retirees or beneficiaries receiving benefits					
С	Separated vested participants entitled to benefits		8c			
d	d Total					
9	Estimated percent of currently employed participants that are covered under the terminated plan that you expect to be					
а	covered under: No plan		9a	%		
	<b>b</b> New or existing traditional defined benefit plan			%		
	<b>C</b> New or existing hybrid defined benefit plan, other than cash balance plan			%		
d	<b>d</b> New or existing cash balance plan			%		
е	e New or existing profit sharing plan					
f	<b>f</b> New or existing 401(k) plan					
g	g New or existing simplified employee plan			<u>%</u> %		
h	<b>h</b> Other new or existing defined contribution plan (specify)					
10	<b>0</b> If the percent entered for item 9b, 9c or 9d is greater than zero, will the types of benefits under the new or existing defined benefit plan be substantially the same as under the terminating plan for all affected participants (currently employed participants that you expect will be covered under the new or existing defined benefit plan.)			Yes No		
11a	Proposed termination date	(MM/DD/YYYY)				
11k	Proposed termination date stated in notice of intent to terminate (if different from 11a)	(MM/DD/YYYY)				
12a	a Earliest date notices of intent to terminate issued to affected parties	(MM/DD/YYYY)				
12k	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)				
14a	Has a formal challenge to the termination been initiated under an existing collective bar- gaining agreement?	☐ Yes ☐ No ☐ N/A				
14	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?		] No			
PA	RT III. RESIDUAL PLAN ASSETS					
16a	Will residual assets be returned to the employer as a result of this termination?	Yes	] No ] N/A			
16k	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:	\$				
17a	Is there a plan provision permitting a reversion of residual assets to the employer?	Yes, go to 17b	] No, go t	to 18a		
17k	If "Yes" to 17a, was the provision adopted prior to 12/18/1988?	Yes, go to 18a	] No, go t	to 17c		
170	If "No" to 17b, enter:	(MM/DD/YYYY)				
	(1) Adoption date:					
10/	(2) Effective date of plan:	(MM/DD/YYYY)		ta Davit IV (		
	Has the plan been involved in a spin-off/termination transaction?	Yes, go to 18b		to Part IV		
	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				
<ul> <li><b>18c</b> If "Yes" to 18b, enter:</li> <li>(1) latest date a description of the transactions(s) was issued to participants in the ongoing plan.</li> <li>(2) latest date notice were issued to participants in the ongoing plan: Go to Part IV.</li> </ul>		(MM/DD/YYYY) (MM/DD/YYYY)				
180	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.