

Standard Termination Notice Single-Employer Plan Termination

1a Plan Name 1b Last day of plan year 2a Contributing Sponsor's name and address (Address ahoudd include room or suite no.) 2b Sponsor's telephone number 2b 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 8-digit business code 3a Plan Administrator's name and address (if same as 2a, onter 'same') (Address should include room or suite no.) 3b Plan Administrator's telephone number 3d Name and address of perison to be contacted for more information (if same as 3a, enter 'same') (Address should include room or suite no.) 3c E-mail address (optional) 3d Name and address of perison to be contacted for more information (if same as 3a, enter 'same') (Address should include room or suite no.) 3f E-mail address (optional) 3d Name and address of perison to be contacted for more information (if same as 3a, enter 'same') (Address should include room or suite no.) 3f E-mail address (optional) 3d B true you filed, or Null you file, with the Internal Revenue Service No. 4b If Yes' to 6a, enter the filing data: (MMDD/YYY) 3a Is this a multiple-employer plan? Yes No. 4b If Yes' to 6a, entach a list of the names and individe the names and individe to control year or omplate the filing data: (MMDD/YYY) 3a (1) (1) (1) (1)	PAF	RT I.	IDENTIFYING INFORMATION						
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	g	g Contributing sponsor reorganized (in bankruptcy or similar proceeding)					7g		
	h	h Contributing sponsor liquidated (in bankruptcy or similar proceeding)					7h		

Standard Termination Notice • Single-Employer Plan Termination

8	Number of plan participants and beneficiaries as of proposed termination date:					
a						
b	Retirees or beneficiaries receiving benefits	8a 8b				
c						
d						
e	Total	8d 8e				
9	Estimated percent of currently employed participants that are covered under the terminated p	00				
Ŭ	covered under:					
а	No plan		9a	%		
b	b New or existing traditional defined benefit plan					
С						
d	d New or existing cash balance plan					
е						
f	New or existing 401(k) plan		9f	%		
g New or existing simplified employee plan						
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 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.)					
11a	Proposed termination date	(MM/DD/YYYY)				
11b Proposed termination date stated in notice of intent to terminate (if different from 11a) (MM/DD// Attach copy of notice of intent to terminate. (MM/DD//						
12a 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)				
	Latest date notices of plan benefits issued to participants or beneficiaries Attach copies of sample notices of plan benefits; see instructions.	(MM/DD/YYYY)				
14a Has a formal challenge to the termination been initiated under an existing collective bar - gaining agreement?				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			
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		
	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 to 18a			
	If "Yes" to 17a, was the provision adopted prior to 12/18/1988?	Yes, go to 18a	No, go to 17c			
	F If "No" to 17b, enter:					
) Adoption date:	(MM/DD/YYYY)				
`) Effective date of plan:	(MM/DD/YYYY)				
	Has the plan been involved in a spin-off/termination transaction?	Yes, go to 18b No, go to Pa				
18b	If "Yes" to 18a, have the requirements of the Guidelines been satisfied?	Yes, go to 18c No, go to N/A, go to				
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) latest date notices of plan benefits were issued to participants in the ongoing plan.	(MM/DD/YYYY)				
180	If you checked "No" or "N/A" in 18b, attach a statement that describes the transaction(s) and	explains why the Guidelin	es were not	or need		

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.