SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

1999

This Form is Open to Public Inspection.

| For the calendar year 1999 or fiscal plan year beginning , and end | | | | | | | | | ndi | ng | | | | | | | | | | | | | | | | |
|--|-------|---|---|-------|-------|-------|------|------|-----------|-------|-----|------|----|------|------------------------|---|-----|-----|-------------|-----------|------|-------|-------|------|-----|-----|
| Α | Name | e of plan | | | | | | | | | | | | | | В | | | e-di nun | _ | • | • | | | | |
| С | Plan | sponsor's name as shown on lir | ne 2a of | For | m 5 | 500 | | | | | | | | | | D | ı | Emp | loy | er lo | den | tific | atio | n Nı | ımb | er |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Р | art I | Service Provider Inform | mation | ı (s | ee i | nstr | ıcti | ons | s) | | | | | | | | | | | | | | | | | |
| 1 | | er the total dollar amount of comporthan those listed below, who re | | | | • | • | | | | | r: | | | | | | | | | | | | | | _00 |
| 2 | desc | the first item below list the controlled order of the compensation of the compensation (c) and (d). | | | | | - | | | | | | | | | | | | | | | | | | | |
| | (a) | Name | | | | | | | | | | | | | | | | | | | | | | | | |
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| | (b) | Employer identification number | (see ins | struc | tions | s) | | | | | | | | | | | | | | | | | | | | |
| | (c) | Official plan position | | С | 0 | n t | r | а | С | t | | а | d | m | i | n | i | s | t | r | а | t | 0 | r | | |
| | (d) | Relationship to employer, employee organization, or perso known to be a party-in interest | | | | | | | | | | | | | | | | | | | | | | | | |
| | (e) | Gross salary or allowances paid | d by pla | an | (f |) Fee | s an | d co | omm | issio | ons | paid | by | plar | า | | | (g) | Nat | ure | of s | serv | ice (| code | (s) | |
| | | _00 | | | | | | | | | | 00 | | | (see instructions) 1 2 | | | | | | | | | | | |
| | (a) | Name | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (b) | Employer identification number | (see ins | struc | tions | s) | | | | | | | | | | | | | | | | | | | | |
| (c) Official plan position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ` , | Relationship to employer, | | | | | | | | | | | | | | | | | | | | | | | | |
| | | employee organization, or perso known to be a party-in interest | | | | | | | | | | | | | | | | | | | | | | | | |
| | (e) | Gross salary or allowances paid | Gross salary or allowances paid by plan (f) Fees and commissions paid by plan | | | | | | | | | | | 1 | | | (g) | | | of s | serv | ice (| code | (s) | | |
| | | | .00 | | | | | | | | | | | | .00 | | | | (se | e ruct | ions | s) | | | | |

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| | Schedule C (Form 5500) 1999 Page 2 |
|-----|---|
| | Official Use Only |
| (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) | Gross salary or allowances paid by plan (f) Fees and commissions paid by plan (g) Nature of service code(s) |
| | 00 (see instructions) |
| (a) | Name |
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| (b) | Employer identification number (see instructions) |
| (c) | Official plan position |
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| | | Schedule C (Form 5500) 1999 Page 3 Part II Termination Information on Accountants and Enrolled Actuaries (see instructions) | | | | | | | | | | | | | Official Use Only | | | | |
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