

Will conform to item 1 of Schedule EA-S



Distress Termination Designation of Representative

PBGC Schedule REP-D

(PBGC Form 600)
Approved OMB 1212-0038
Expires 09/30/2007

IDENTIFYING INFORMATION

1 Plan Name

2 ~~Employer identification and plan numbers~~

9-digit employer identification number (EIN)

3-digit plan number (PN)

2a 3 Plan Administrator's name and address
(Address should include room or suite no.)

2b Plan Administrator's telephone number

2c E-mail address (optional)

PART II. DESIGNATION OF REPRESENTATIVE(S)

3 1. I, _____, Plan Administrator of the above-named pension plan, hereby appoint the following representative(s) to act on my behalf before the Pension Benefit Guaranty Corporation on all matters (other than those specifically excluded below) relating to the termination of the above-named pension plan:

4 5a Representative's name and address
(Address should include room or suite no.)

4b Telephone number

4c E-mail address (optional)

4 5b Representative's name and address
(Address should include room or suite no.)

4e Telephone number

4f E-mail address (optional)

6 Matters excluded (list any specific acts with respect to the plan termination that you are excluding from the acts otherwise authorized in this designation):

PART III. RETENTION / REVOCATION OF PRIOR DESIGNATION(S)

7a Have you filed any prior designation(s) of representative(s) for this termination?

Yes No

7b If "Yes," do you want any such prior designation(s) of representative(s) to remain in effect? (Attach a copy of all prior designations that are to remain in effect.)

Yes No

PART IV. SIGNATURE OF PLAN ADMINISTRATOR

NOTE: The PBGC will NOT accept unsigned designations. If the Plan Administrator is a board (or similar group) composed of employer and employee representatives, at least one employer representative and one employee representative must sign this form. If the Plan Administrator is other than an individual or a board, this form must be signed by an officer of the Plan Administrator who has the authority to do so.

In executing this document, I certify that the foregoing is true and correct, and recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. 1001.

revision attached
bold

Signature _____ Date _____ Printed Name and title _____

Signature _____ Date _____ Printed Name and title _____

Revisions to PBGC Schedule REP-D

PART IV. SIGNATURE OF PLAN ADMINSTRATOR

Note: PBGC will NOT accept unsigned designations. *If the plan administrator is a board (or similar group) composed of employer and employee representatives, at least one employer representative and one employee representative must sign this form. If the plan does not designate a plan administrator or it designates the plan sponsor or contributing sponsor as the plan administrator, this form must be signed by an officer of the plan sponsor or contributing sponsor who has the authority to sign on behalf of that entity.*