Pension Benefit Guaranty Corporation 2007	(Pla	Estir ins with	nated 500 or mo	Prém xe Parti	ata if an exemption anted for this premium Payment cipants in prior filling year) in Calendar Year 20078	+ 4	PB072	red OMB 1212-0
2047 7	Check for Amen	ded Filir	19 <u> </u>	Check fo	or Disaster Relief (see	instructions)-		(see instructio
1. Plan Sponsor	Check for nam	-	. •		2. Plan Administrator	Check for na	-	, L
	Cheek p aper ins		e not want s next year		Check	if same as spon	isor and	go to Item 3
Name					Name			· · · · · · · · · · · · · · · · · · ·
Address Line 1					Address Line 1			
Address Line 2					Address Line 2			
City		State	Zip		City		State	I. Zip
. Employer Identification N Electronic Filing		_	<u>`</u> _			(b) En	ter 3-digi	
(c) Has a plan other than y	yours ceased to ex to this plan since each disappearing	dist in co the mos transfer	onnection on st recent p ror plan ar	remium nd effect		No Y	/es	
Transferor's 9-d		3-digi		M_	M DD YYY	<u>Y</u>		Transfer Type
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(a) Plan Name (b) Plan Year Beginning 6. Estimated premium for the state of the s	his plan Esti		200	F			DD	Y Y Y Y
(a) Plan Name (b) Plan Year Beginning 5. Estimated premium for the state of the s	his plan Esti 33.00 H:00- X		200	F	(c) Plan Year Ending	M M	DD	Y Y Y Y
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Print or type last name of individual who signs

Business E-mail Address (Optional)

Print or type first name of individual who signs