[_	CUMULATIVE C	HANGES		
S	CHEDULE SSA (Form 5500)	Annual Registration State Participants With Def ^{Under Section 6057(a) of}	erred Vested Be	nefits	Official Use Only OMB No. 1210-0110 2008 This Form is NOT Open
	epartment of the Treasury Internal Revenue Service	► File as an attachment to For	m 5500 unless box 1 is	checked.	to Public Inspection.
	calendar plan year 2 scal plan year begin		and end	ing MM	
Α	Name of plan				
с	Plan sponsor's name a	as shown on line 2a of Form 5500			
в	Three-digit plan number	D Em	ployer Identification Num	ber	
1	Check here if pla 3c, and the signa	an is a government, church or other plan that ature area.	elects to voluntarily file S	chedule SSA. If so,	complete lines 2 through
2	Plan sponsor's address	s (number, street, and room or suite no.) (If a	P.O. box, see the instruct	ions for line 2.)	
	City or town		S	tate ZIP code	;
3a	Name of plan administ	rator (if other than sponsor)			
3b	Administrator's EIN				
3c	Number, street, and ro	om or suite no. (If a P.O. box, see the instruct	tions for line 2.)		
	City or town		State	ZIP code	
the		I declare that I have examined this report, a and belief, it is true, correct, and complete. trator	nd to Phone number of plan administrator ►		
SI	GN HERE		Date 🕨		D / ΥΥΥΥ
For	Paperwork Reduction Act	Notice and OMB Control Numbers, see the instr		Cat. No. 13506T	Schedule SSA (Form 5500) 2008
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Γ	Schedule	SSA (Form 5500) 2008		Page 2	
					Official Use Only
Co Co Co	de A has no de B has pi de C has pi	ot previously been reported. reviously been reported und reviously been reported und	er the above plan number but er <i>another</i> plan number but w	articipant with deferred vested ben requires revisions to the informatio II be receiving their benefits from t is no longer entitled to those defe	on previously reported. he plan listed above instead.
		Use w	ith entry code "A", "B"	, "C", or "D"	
	(a) Entry cod	le	(b) Soc	al security number	
	(c) Name of	/	First) (M. I.)	(Last)	
		U	se with entry code "A	' or "B"	
Ente	er code for		Amour	t of vested benefit	
	ature and		C	efined contribution plan	Share
	of benefit	(f) Defined benefit plan	periodic payment	(g) Units or shares	indicator
(d) Type of annuity				(h) Total value of account	
Use n	vith entry c	````	i) Previous sponsor's employ	er identification number	(j) Previous plan number
		Use w	ith entry code "A", "B"	, "C", or "D"	
	(a) Entry cod	le	(b) Soc	al security number	
	(c) Name of		(D) 000	(Last)	
		U	se with entry code "A	' or "B"	
Ente	er code for	5	Amount	of vested benefit	
	ature and of benefit		E	efined contribution plan	Share
		(f) Defined benefit plan	periodic payment	(g) Units or shares	indicator
(d) Type of annuity				(h) Total value of account	
	vith entry c		i) Previous sponsor's employ	er identification number	(j) Previous plan number
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