



**Distress Termination Notice
Single-Employer Plan Termination**

Will conform to item 1 PBGC Form 601
of Schedule EA-5

Approved OMB 1212-0036
Expires 09/30/2007

PART I IDENTIFYING INFORMATION

1 Plan Name _____

2 Contributing sponsor _____

3 Employer identification and plan numbers

9-digit employer identification number (EIN) _____

3-digit plan number (PN) _____

2 PBGC Case Number _____ 8-digit Case # _____

PART II SPECIFIC PLAN INFORMATION

3 6a Proposed termination date (mo., day, yr.) *Change each to MM/DD/YYYY*

3 6b Proposed termination date stated in notice of intent to terminate (if different from 3a) (mo., day, yr.)

4 6a Earliest date notices of intent to terminate issued to affected parties (other than PBGC) (mo., day, yr.) *MM/DD/YYYY*

4 6b Latest date notices of intent to terminate issued to affected parties (other than PBGC) (mo., day, yr.)

5 7a Does each contributing sponsor and each member of a contributing sponsor's controlled group meet one of the distress tests described in ERISA § 4041(c)(2)(B) and 29 CFR § 4041.41(c)? Yes No

6 7b Attach a statement identifying each contributing sponsor and each controlled group member and the distress test met by each. Also attach the information to demonstrate that each contributing sponsor and controlled group member meets the distress test(s) identified.

6 7c Has a formal challenge to the termination been initiated under an existing collective bargaining agreement? Yes No N/A

6 7d If "Yes," attach a copy of the formal challenge and a statement describing the challenge.

7 8 For plans that were paying benefits in excess of Title IV benefits, have the benefits of participants/beneficiaries in pay status been reduced to the estimated Title IV benefits pursuant to 29 CFR Part 2022, Subpart D? Yes No N/A

10 9 Has the plan ever required employee contributions? Yes No

10 10 Have you filed or will you file with the Internal Revenue Service an application for a determination letter on the termination of this plan? Yes No

10 If "Yes," enter the filing date: (mo., day, yr.) *MM/DD/YYYY*

10 12a Has the Internal Revenue Service granted any minimum funding waiver(s) for this plan? Yes No

10 12b If "Yes," attach (1) copies of all waiver ruling letters and (2) a schedule showing the total amount waived for each plan year and the remaining amortized amount of the waiver.

10 13a Are there any requests for minimum funding waiver(s) pending before the IRS? Yes No

10 13b If "Yes," attach (1) copies of all applications including cover letters and exhibits and (2) a schedule showing for each plan year the pending waiver amount.

10 14a Are there outstanding employer contributions owed to the plan *exclusive of amounts described in 12 and 13b that have not been paid to the plan for which minimum funding waivers have not been granted?* Yes No

10 14b If "Yes," attach a schedule showing for each plan year the amount of outstanding employer contributions owed.

PART III PLAN ADMINISTRATOR CERTIFICATION

I, the Plan Administrator, certify that, to the best of my knowledge and belief: (1) the information contained in this filing is true, correct, and complete; and (2) the information provided 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.

Plan Administrator's signature

Date

Printed Name and title of Plan Administrator

n

insert revision that is attached

insert additional text that is attached

captured by 9c on Form 600

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bold

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Revisions to Form 601

5 If "Yes," attach a statement listing the name, address, and employer identification number of each contributing sponsor and each controlled group member, and identify the distress test met by each. If the distress test for any one of the contributing sponsors or members of their controlled group differs from that identified in response to item 9c on the Form 600, the information and documents required for the newly identified distress test must be attached.

7 If "No," attach a statement describing why no reduction has occurred.