

[LOGO]

NOTICE OF FAILURE TO MAKE REQUIRED CONTRIBUTIONS

PBGC Form 200

Approved OMB #1212-0041

Expires 03/31/2015

File this form to notify the Pension Benefit Guaranty Corporation of a failure to make required contributions to a single-employer plan that is covered under ERISA §4021 if the total of unpaid balances, including interest, exceeds \$1 million (see ERISA section 303(k)(4)(A) and Code §430(k)(4)(A)).

GENERAL PLAN INFORMATION

_____ Name of Plan	_____ <u>Month/Day/Year</u> Plan year commencement date
_____ Name of Plan Administrator	_____ Name of Contributing Sponsor
_____ Street address of Plan Administrator	_____ Street Address of Contributing Sponsor
_____ City, State, Zip	_____ City, State, Zip
_____ Telephone number Ext.	_____ Telephone number Ext.
_____ Name of Authorized Contact	_____ EIN of contributing sponsor / Plan number
_____ Title of Authorized Contact	_____ EIN/PN used in previous filings, if different
_____ Email address of Authorized Contact	
_____ Street Address of Authorized Contact	
_____ City, State, Zip	
_____ Telephone number	

PLAN FUNDING INFORMATION

_____ <u>Month/Day/Year</u> Due date of required payment that resulted in requirement to notify PBGC	_____ \$ _____ Total unpaid balance of required payments (including interest)
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EXPLANATION Describe the required payment that resulted in the requirement to notify PBGC and state how the total unpaid balance of required payments (including interest) was determined. Attach additional pages if necessary.

The next page lists additional information that must be submitted with this form, if not included above.

ADDITIONAL INFORMATION TO BE FILED Check box to indicate the item is attached. If not attached, explain below.

- Description of the plan's controlled group structure, including the name, address, telephone number and EIN of each controlled group member, including the contributing sponsor and the ultimate parent of the controlled group.
- Name, address, telephone number and EIN of each contributing sponsor of the plan
- Reason contribution was not made by due date
- Copy of any IRS letter(s) granting or modifying a funding waiver and/or extension of the amortization period

- Statement describing any pending request(s) for a funding waiver and/or extension of the amortization period
- Actuarial Information (see Form 200 instructions)-
- Copies of financial statements for the most recent three fiscal years available, and the most recent available interim financial statement, for each member of the plan's controlled group, including the contributing sponsor and the ultimate parent

Missing Information If required information has not been submitted with this Form 200, explain below.

Enrolled Actuary Certification

Name

Street Address

Enrollment number

City, State, Zip

Company/Firm

Telephone number

Signature

Filing Date

Contributing Sponsor or Parent Certification

I certify that, to the best of my knowledge and belief, the information provided in this Form 200 is true, correct, and complete, and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. §1001.

Name and Title

Signature

Name of contributing sponsor or parent

Street Address

City, State, Zip

Filing Date