	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service		Benefit	Ctions 104 and 4065 of the Employe	<b>N</b> 0	2009
Department of Labor Retirement Income Security A				(ERISA), and section 6058(a) of the odd (the Code).	This Form is Open to Public	
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form						Inspection
		entification Information	_			2000
	calendar plan year 2009 or fisca				2/31/2	
	This return/report is for:	single-employer plan		mployer plan (not multiemployer)		one-participant plan
B	This return/report is for:	first return/report	final retur	·		
an amended return/report						_
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter descriptio				
		nation—enter all requested informa	ation			
	Name of plan VAINE BLAKEMAN PSC PROFI				10	Three-digit plan number
пυν	VAINE DLAKEIVIAN PSC PROFI	T SHARING PLAN & TRUST				(PN) ▶ 001
					1c	Effective date of plan 04/01/1981
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 61-0939503
745 \$	SCHERM ROAD				2c	Plan sponsor's telephone number 270-926-9907
	NSBORO, KY 42301				2d	Business code (see instructions) 621210
	Plan administrator's name and VAINE BLAKEMAN PSC	address (if same as Plan sponsor, er 745 SCHERN	/I ROAD		3b	Administrator's EIN 61-0939503
		OWENSBOR	O, KY 423	.01	3c	Administrator's telephone number 270-926-9907
		n sponsor has changed since the las r from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN
I	name, Em, and the plan humbe	i nom me last return/report. Sponso	i s name		4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	6
b	Total number of participants at	the end of the plan year			5b	5
C		th account balances as of the end of		· ·	5c	6
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No
b		e annual examination and report of a				
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				Yes No
Pa	rt III Financial Informa					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	67774	2	920135
b	Total plan liabilities		7b			
С	Net plan assets (subtract line 7	b from line 7a)	7c	67774	2	920135
8	Income, Expenses, and Transf			(a) Amount	_	(b) Total
а	Contributions received or recei	vable from:	8a(1)	1500	0	
			8a(2)		<u> </u>	
			8a(3)			
b	., ,		8b	22739	3	
C		8a(2), 8a(3), and 8b)	8c		-	242393
d	Benefits paid (including direct r	ollovers and insurance premiums	8d			
е	, ,	ive distributions (see instructions)	8e			
f	Administrative service provider	s (salaries, fees, commissions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			
i	Net income (loss) (subtract line	8h from line 8c)	8i			242393
j	Transfers to (from) the plan (se	e instructions)	8j			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Page **2-**1

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	rt V Compliance Questions						
10	During the plan year:		Yes	No	A	nount	
а	a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	-	)a	x			
b	<ul> <li>Were there any nonexempt transactions with any party-in-interest? ( on line 10a.)</li> </ul>		)b	х			
С	• Was the plan covered by a fidelity bond?		)c X			5000	00
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?		)d	x			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of t instructions.)	he benefits under the plan? (See	)e	x			
f	Has the plan failed to provide any benefit when due under the plan?		Df	Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as c	f year end.)	)g	Х			
h	h If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)		)h	х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3		Di	x			
Part	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))					Yes 🗙 N	No
12	Is this a defined contribution plan subject to the minimum funding re	quirements of section 412 of the Code or	section	302 of	ERISA?	Yes X N	١o
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab						
а	a If a waiver of the minimum funding standard for a prior year is being granting the waiver.					letter ruling ear	
lf	f you completed line 12a, complete lines 3, 9, and 10 of Schedule N	IB (Form 5500), and skip to line 13.	T				
b	<b>D</b> Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this pla	n year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)			12d			
е	• Will the minimum funding amount reported on line 12d be met by the	funding deadline?			Yes	No N/	A
Part	t VII Plan Terminations and Transfers of Assets						
13a	a Has a resolution to terminate the plan been adopted during the plan	/ear or any prior year?				Yes X N	No
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	ansferred to another plan, or brought und	ler the c			Yes X N	No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)						
1	13c(1) Name of plan(s):		1:	Bc(2) El	N(s)	<b>13c(3)</b> PN(s	3)
Caut	ution: A penalty for the late or incomplete filing of this return/repor	t will be assessed unless reasonable of	ause is	establ	ished.		

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/23/2010	H DWAINE BLAKEMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	orm 5500-SF	Short Form Annual Return/I Benefit		Small I	Emplo	оуөе	C	OMB No	os. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service Department of Labor	This form is required to be filed under se Retirement Income Security Act of 1974	ctions 104 a (ERISA), ar	nd section				2009		
	e Banafits Security Administration	Internal Revenue C			the Ee	rm 5500-8		This Form is Open to Public Inspection		
Pensio	ton Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	lendar plan year 2009 or fi		09		and en	dina	12/31	/200	9	
	his return/report is for:		e-employer				one-par			
_	his return/report is for:		urn/report							
	,			urn/report	(less t	han 12 mor	nths)			
с <sub>с</sub>	Check box if filing under:	Form 5558 automatic extension			DFVC program				)	
	-	special extension (enter description)								
Part	II Basic Plan In	formation - enter all requested information								
	lame of plan				1b	Three-digit				
		N PSC PROFIT SHARING PL	AN &			plan numb			001	
TRU	ST				1c	Effective d		0.1		
0					04		/01/198		(51) ()	
	WAINE BLAKEMAN	ddress (employer, if for single-employer plan)			20		dentification -09395(		er (EIN)	
11 D	WAINE DEANERAL	in, rbc			20	• ••	or's telepho			
745	SCHERM ROAD				20		)926 99		iber	
, 15	bombiai nomb				2d		ode (see ins		ns)	
OWEI	NSBORO	KY 42301			~~~		L210	51100101	10)	
		nd address (If same as Plan sponsor, enter *S	ame")		3b	Administrat				
SAM			,							
					3c	Administrat	tor's telepho	one num	nber	
4 If th	e name and/or EIN of the p	plan sponsor has changed since the last retur			16	EIN				
plan		plan sponsor has changed shoo the last rotar	n/report file	d for this	40					
pidi	n, enter the name, EIN, and	the plan number from the last return/report.	report file Sponsor		40					
(Jan 1997)	n, enter the name, EIN, and				40 40					
		d the plan number from the last return/report.	Sponsor	's name	4c		6			
<b>5a</b> To	otal number of participants	the plan number from the last return/report.	Sponsor	's name	4c 5a		6			
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5a To b To c To 6a W b Ar (IC If Part 7 Pl a To b To c Ne 8 Ind a Co (1) (2) (3) b Ot c To d Be e Ge f Ac g Ot h To	otal number of participants otal number of participants otal number of participants enefit plans do not comple /ere all of the plan's assets re you claiming a waiver of QPA) under 29 CFR 2520.1 you answered "No" to elf III Financial Info lan Assets and Liabilities otal plan assets otal plan assets otal plan assets otal plan assets otal plan assets otal plan assets (subtract lime come, Expenses, and Tran ontributions received or rec ) Employers ) Participants ) Others (including rollovers ther income (loss) otal income (add lines 8a(1) enefits paid (including direct ro ertain deemed and/or correct dministrative service provid ther expenses otal expenses (add lines 8d	d the plan number from the last return/report. a at the beginning of the plan year a with account balances as of the end of the p te this item) during the plan year invested in eligible asset the annual examination and report of an inder 104-46? (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Form 550 rmation e 7b from line 7a) esfers for this Plan Year ceivable from: s) SEE STATEMENT 1 b, 8a(2), 8a(3), and 8b) illovers and insurance premiums to provide benefits ective distributions (see instructions) ders (salaries, fees, commissions)	Sponsor an year (def ar) (See inst bendent qua nd condition <b>0-SF and m</b> <b>7a</b> <b>7b</b> <b>7c</b> <b>8a(1)</b> <b>8a(2)</b> <b>8a(3)</b> <b>8b</b> <b>8c</b> <b>8d</b> <b>8c</b> <b>8d</b> <b>8d</b> <b>8g</b> <b>8h</b>	fined fined ructions.) alified pub ns.) nust inste	4c 5a 5b 5c dilc acc ad use	PN ountant e Form 550 677742 677742 0unt 15000	5 6 0. (b)	X Yes	s No No No No No No No 920135 920135 No	

For Paperwork Reduction Act Notice and OMB Control Numbers, see instructions for Form 5500-SF. 918571 05-14-09

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## Part IV **Plan Characteristics**

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	3D

b if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

10       During the plan year:       Yes       No       Amount         a       Was there is a failure to transmit to the plan any participant contributions within the time period described       10a       X         b       Was there any nonexempt transactions with any participant contributions within the time period described       10a       X         c       Was there any nonexempt transactions with any participant contributions and compared by a facility bond.       10a       X         f       Were any test or connisional plan, was there a balcout provide Seame or all of the banefits under the plan?       10d       X       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       10d       X       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       10d       X       10d       X         if the was answeed 'ves' theck the box if you ethor provided the required notice or one of the exceptions for any plan, was the sea balcout proor'2 (Sea instructions and complete School Sea (From	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the me priod described in 9 GFR 500-1192 (See instructions and DOL's Volumenty Friedwarks (Do not include transactions reported on line 10a)	Gana service -					Yes	No		Amount		
in 29 CFR 2510-3102? Gee instructions and DOL's Voluntary Fiduciary Correction Program			tributions within the t	ime period described							
b       Ware there any necessarpit transactions with any partyl-interest? (Do not include transactions reported on line 10a)       100       X         c       Was the plan covered by a fidelity bond?       100       X       500000         d       Did the plan have a loss, whether or not reimburged by the plan's fidelity bond, that was caused by fraud of dishomestry?       100       X       100       X         e       Ware any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions)       100       X       100       X         f       Has the plan fielded to provide any benefit when due under the plan?       100       X       100       X         g       Did the plan have any participant beans? (If 'Yes,' where mount as of year end)       100       X       100       X         f       Has the plan fielded to provide graphic the box if you either provided the required notice or one of the exception to providing the notice applied under 20 CFR 2520:101.3       100       X       100       X         l       Is this a defined benefit plan subject to the minimum funding requirements? (If 'Yes,' see instructions, and ecopylete Schedule 8B (Form 5500)       120       120       12       120       12         l       Is this a defined benefit plan subject to the minimum funding requirements? (If 'Ye					10a		Х				
transactions reported on line 10a)       10b       X         c Was the plan covered by a fidelity bond?       10c       X         d Did the plan have a loss, whether or not rembursed by the plan's fidelity bond, that was caused by fraud or dishonest?       10c       X         e Ware any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).       10c       X         f Has the plan failed to provide any benefit when due under the plan?       10f       X       10c       X         g Did the plan have any participant loans? (If Yes, "enter amount as of year end).       10g       X       10d       X         f Has the plan failed to provide any benefit when due under the plan?       10d       X       10d       X         f Has the plan have any participant loans? (If Yes," set entimations       10d       X       10d       X         if If 10h was answered Yes," check the box if you ether provided the required notice or or end the exceptions to providing the notice applied under 20 CFR 2520.101-3       10d       X       Image: No         11       Is this a defined benefit plan subject to minimum funding requirements? (If Yes," see instructions, and ether the ade of the letter ruing granting the waiver.       Yes is No       India 12e       Yes is No         12       Is the adefined benefit plan subjec	b			- ,							
c Was the plan covered by a fidelity bond?       10c X       500000         d Did the plan have a loss, whether or not reimburged by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d X       500000         e Ware any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d X       10d X         f Has the plan failed to provide any benefit when due under the plan?       10f X       10g X       10g X         h If the is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h X       10h X       10g X         if if the was answered Yes, 't check the box if you either provided the required notice or one of the excellation to providing the notice applied under 22 CFR 2520.101-3       10h X       10h X       10k       X         if at bia a defined contribution plan subject to minimum funding requirements? (if 'Yes,' see instructions, and enter the date of the letter ruling granulated to a saction 302 of ERISA? (if 'Yes,' complete 12a or 12b, 12c, 12d, and 12b elow, as applicable)       10k X       12e       No         14 waiver of the minimum funding standard for a prory year is being amonited in this plan year.       12b       12c       No       NA         15 Enter the amount in line 12b, chon the abanyet is being amonited in this plan year.       12b       12c       12d       0			• •		10ь		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that       10d       X         was caused by fraud of dishonesty?       10d       X         e Ware any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan?       10d       X         f Has the plan failed to provide any benefit when due under the plan?       10d       X       10e       X         f Has the plan failed to provide any benefit when due under the plan?       10d       X       10d       X         f Has the plan failed to provide any benefit when due under the plan?       10d       X       10d       X         if 10h was answered 'Yes,' check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 28 CFR 2520.101-3       10h       X       10h       X         f a value of the minimum funding requirements?       (if 'Yes,' see instructions and complete       10d       X       10h       X         a If a value of the minimum funding requirements?       (if 'Yes,' and if a value see instructions, and enter the date of the letter ruling granting the waver.       10d       X       10h       X         is this a defined contribution plan subject to the inimum funding requirements of section 412 of the Code or section 302 of ERISA? (if 'Yes,' complete 12a or 12a, 12a, 12a, 12a, 12a, 12a, 12a, 12a,	С					Х	[··		5	00000	
was caused by fraud or dishonesty?       10d       X         e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benffts under the plan? (See instructions).       10e       X         f Has the plan failed to provide any benefit when due under the plan?       10f       X       10g       X         g Did the plan have any participant loans? (If 'Yes, 'enter amount as of year end).       10g       X       10g       X         h If this is an individual account plan, was there a blackout period? (See instructions and 20 CFR 2520.101-3).       10h       X       10e       X         Part VI       Pension Functing Compliance       10i       X       10i       X         11       Is this a defined contribution plan subject to minimum funding requirements? (If 'Yes, 'see instructions and complete Section 302 of ERISA? (If 'Yes, 'complete 12a or 12b, 12c, 12d, and 12a below, as applicable.)       10i       X       No         12       Is this a defined contribution plan subject to the infimum funding requirements? (If 'Yes, 'see instructions, and enter the date of the lefter truing granular for a piror year is being anontized in this plan year.       12a       No         12       Is this a defined contribution for this plan year.       Monin       Day       Year       No         12       Is this a defined contribution plan year.       Mo											
e Were any fees or commissions paid to any brokers, agants, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? [Ge instructions.]  f Has the plan failed to provide any benefit when due under the plan? [Ge instructions.]  f Has the plan have any participant loans? (If "Yes," enter mount as of year end.]  f Has the plan have any participant loans? (If "Yes," enter mound as of year end.]  f Has the plan have any participant loans? (If "Yes," enter mound as of year end.]  f Has the plan have any participant loans? (If "Yes," enter mound as of year end.]  f Has the plan have any participant loans? (If "Yes," enter mound as of year end.]  f Has the plan have any participant loans? (If "Yes," enter mound as of year end.]  f Has the plan have any participant loans? (If "Yes," enter mound as of year end.]  f Has the plan failed to providing the notice applied under 29 CFR 2520.101.3  f Has acceptions to providing the notice applied under 29 CFR 2520.101.3  f Has adverted the minimum funding complete to minimum funding requirements? (If "Yes," eacle instructions and complete Schedule SB form 5500)  f Ze this a defined benefit plan subject to minimum funding requirements of section 412 of the Code or section 302 of EINA/ (If "Yes," complete 12a or 12b, 12b, 12b, 12d, and 12b below, as applicable)  a If a valver of the minimum funding standard for a poir year is being amortice in this plan year, see instructions, and enter the date of the left ruling granting the waiver. Month		· · · · · · · · · · · · · · · · · · ·			10d		X				
carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).       10e       X         If has the plan failed to provide any benefit when due under the plan?       10f       X         Id the plan failed to provide any banefit when due under the plan?       10g       X         If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.1013)       10h       X         If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.1013)       10h       X         If this is an individual account plan, was there a blackout period? (See instructions and complet Schedule SB (Form 5500)       10h       X         If a this a defined contribution plan subject to the minimum funding requirements? (If 'Yes,' see instructions and complet Schedule SB (Form 5500)       Yes       No         If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month       Day       Yes       No         If you complete line 12, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Eact the minimum funding amount in line 12b. Enter the result (enter a minus sign to the lett of a negative amount).       12e       No       N/A         B' and a resolution to terminate the plan bace and optical during the plan year       12e       No       N/A	е										
the plan? (See instructions.)       10e       X         f Has the plan failed to provide any benefit when due under the plan?       10f       X         g Did the plan have any participant loans? (IV "Yes," enter anound as of year end.)       10g       X         h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h       X         if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptiona to providing the notice applied under 29 CFR 2520.101-3       10h       X         Part VI       Pension Funding Compliance       10i       X       10k       X         11       Is this a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete       Schedule SB (Form 5500)       10k       X         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ENISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable).       10k       2k       No         13       If a waiver of the minimum required contribution of this plan year       12e       12e       12e         14       waiver of the minimum funding arount reported on line 12a be met by the funding deadling?       Year       12e         14       waiver of the minimum required contribution on this plan year       12e       12e				,							
f       Has the plan failed to provide any benefit when due under the plan?       10/1       X         g       Did the plan have any participant loans? (if 'Yes,' enter amount as of year end.)       10/2       X         If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10/1       X         if 10 h was answered 'Yes,' check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10/1       X         Part VI       Pension Funding Compliance       10/1       X       Image: Compliance         11       Is this a defined contribution plan subject to minimum funding requirements? (if 'Yes,' see instructions and complete       Schedule SB (Form 5500)       Image: Complete 20 CFR 2520.101-3       <		•			10e		x				
Q Did the plan have any participant loans? (If Yes," enter amount as of year end.)       10g       X         h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h       X         i If 10h was answered Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X         Part VI       Pension Funding Compliance       10i       X         11       Is this a defined benefit plan subject to the minimum funding requirements? (If 'Yes,' see instructions and complete Schedule SB (Form 5500))       Yes       No         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If 'Yes,' complete 12a or 12b, 12c, 12d, and 12b below, as applicable)       Yes       No         14       a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter nulling granting the waiver.       Month       Day       Yes       No         15       Enter the amount ontributed by the employer to the plan for this plan year       12b       12c       12d       2d         0       Subtract the amount on the 12b be met by the funding deadline?       Yes       No       N/A         14       waive of the minimum required continue to participants or beneficiaries, transferred to another plan, or b	f										
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520:101-3)       10h       X         if 10 has answered? Yes; 'check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520:101-3       10i       X         Part VI       Pension Funding Compliance       10i       X         11       Is this a defined benefit plan subject to minimum funding requirements? (If 'Yes,' see instructions and complete schedule SB (Form 5500)       Yes       No         12       Is this a defined contribution plan subject to the minimum funding requirements? (If 'Yes,' see instructions, and enter the date of the letter ruling granting the waiver.       Yes       No         14       a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Yes       No         15       be there the minimum required contribution for this plan year       126       126       126         16       chert the amount in line 12b from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       121       124       124       124       124       124       124       124       124       124       124       124       124       124       124       124       124       125       124       124       124 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
and 29 CFR 2520.101-3).       10h       X         if th 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X         Pert VI       Pension Funding Compliance       10i       X         11       Is this a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete       Yes       No         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 120, 122, nd12 de below, as applicable)       Yes       No         13       Is this a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions, and enter the date of the letter ruling granting the waiver.       Yes       No         14       to avoid of ERISA? (If "Yes," complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Enter the minimum required contribution for this plan year       12a         15       Enter the amount in line 12b. There the result (enter a minus sign to the left of a negative amount).       12d       Yes       No         16       Will the plan seste that reverted to the endoryer this plan year       13a       Yes       No       N/A         17       Pent VII       Plan Terminations and Transfers of Assets       13a (Yes No       N/A					109						
i       If 10h was answered 'Yes,' check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101.3       10i       X         Pert VI       Pension Funding Compliance       Image: Schedule SB (Form 5500)       Image: Schedule SB (Form 5500), and skip to line 13.       Image: Schedule SB (Form 5500), and skip to line 13.       Image: Schedule SB (Form 5500), and skip to line 13.       Image: Schedule SB (Form 5500), and skip to line 13.       Image: Schedule SB (Form 5500), and skip to line 13.       Image: Schedule SB (Form 5500), and skip to line 13.       Image: Schedule SB (Form 5500), and skip to line 13.       Image: Schedule SB (Form 5500), and skip to line 13.       Image: Schedule SB (Form 5500), and skip to line 13.       Image: Schedule SB (Form 5500), and skip to line 13.       Image: Schedule SB (Form 5600), and skip to line 13.       Image: Schedule SB (Form 5600), and skip to line 13.       Image: Schedule SB (Form 5600), and skip to line 13.       Image: Schedule SB (Form 5600), and skip to line 13.       Image: Schedule SB (Form 5600), and skip to line 13.       Image: Schedule SB (Form 5600), and skip to line 13.       Image: Sched					105		x				
of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X         Part VI       Pension Funding Compliance	i							·			
Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If 'Yes,' see instructions and complete         Schedule SB (Form S500)       Yes         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If 'Yes,' complete 12a or 12b, 12c, 12d, and 12e below, as applicable.       Yes         14       a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and entry the defined of the letter ruling granting the waiver.       Month       Day       Yes       No         15       Enter the minimum funding standard for a prior year is being amortized in this plan year.       12b       Ize       Ize       Ize         16       the maintum funding standard for a prior year is being amortized in this plan year.       12b       Ize					101		x				
11       Is this a defined observed to minimum funding requirements? (If 'Yes,' see instructions and complete         Schedule SB (Form 5500)       Yes         12       Is this a defined ontribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If 'Yes,' complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)       Yes         a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month       Day       Yes       No         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Definet the minimum required contribution for this plan year       12b       12c       defined ontributed by the employer to the plan for this plan year       12c         of Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       12d       Yes       No       N/A         Part VII       Plan Terminations and Transfers of Assets       13a       No       N/A         13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?       13e       Yes       No       I/A         14'Yes, enter the amount of any plan assets that reverted to the engloyer this year       13e       13e       Sector of the PBGC?       Yes       No         13a (1) furing this plan year, any			23 01112020.101	0	101	l				<u></u>	
Schedule SB (Form 5500)       Yes       No         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If 'Yes,' complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)       Yes       No         a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Yes       No         a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Detate the minimum required contribution for this plan year       12b         c Enter the amount ontributed by the employer to the plan for this plan year       12c       12c       12d         d Subtract the amount fine 12c from the amount in line 12b. Enter the result (enter a minus sign to the letter of a negative amount)       Ives       No       N/A         Part VII       Plan Terminations and Transfers of Assets       13a       13a       Ives       No       N/A         13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?       Yes       No       Ives       No         c If during this plan year, any assets or liabilities were transferred from t	house Correspondence		no requiremente? (	If "Vec." see instruction	e and	compl	oto				
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If Yes, * complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)       Image: Section 302 of ERISA? (If Yes, * complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)       Image: Section 302 of ERISA? (If Yes, * complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)       Image: Section 302 of ERISA? (If Yes, * complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)       Image: Section 302 of ERISA? (If Yes, * complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)       Image: Section 302 of ERISA? (If Yes, * complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)         a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Yes       Yes       Yes       Yes         b Enter the minimum funding standard by the employer to the plan for this plan year       12b       12c       12c         c Enter the amount in line 12b from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       12d		· ·	0						Vec	X No	
section 302 of ERISA? (If 'Yes,' complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									103		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruing granting the waiver.       Month DayYear								[m	Ves	XNo	
ruling granting the walver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: Complete line 32a, Complete line 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: Complete line 32a, Complete line 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.         b Enter the minimum required contributed by the employer to the plan for this plan year       Image: Complete line 32a, Complete line 32a, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: Complete line 32a, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.         c Enter the amount contributed by the employer to the plan for this plan year       Image: Complete line 32a, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: Complete line 32a, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.         e Will the minimum funding amount reported on line 12d be met by the funding deadline?       Yes       No       Image: Complete line 32a, 9, and 10 of Schedule MB (Form 5500), and skip to line 33a, 10 a, 1											
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: State in the minimum required contribution for this plan year       12b         C Enter the minimum required contribution for this plan year       12b       12c         G Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       12d       12d         e Will the minimum funding amount reported on line 12d be met by the funding deadline?       Yes       No       N/A         Part VII       Plan Terminations and Transfers of Assets       13a       13a       as a resolution to terminate the plan been adopted during the plan year or any prior year?       Yes       No       N/A         I3a Has a resolution to terminate the plan been adopted during the plan year or any prior year?       13a       Yes       No       Ves       No         c I fd uring this plan year, any assets or liabilities were transferred to the employer this year       13a       No       Yes       No         c I during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)       13c(3) PN(s)       13c(3) PN(s) <td></td>											
b       Enter the minimum required contribution for this plan year       12b         c       Enter the amount contributed by the employer to the plan for this plan year       12c         d       Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       12d         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?       12d         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?       12d         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?       12d         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?       12d         f       Yes       No       NA         Part VII       Plan Terminations and Transfers of Assets       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       13a         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(9)       13c(3) PN(9)         13c(1)       Name of plan(9):       13c(3) PN(s)       13c(2) EIN(9)       13c(3) PN(s)       13c(3) PN(s) <td colspane<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td></td>										
c Enter the amount contributed by the employer to the plan for this plan year       12c         d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       12d         e Will the minimum funding amount reported on line 12d be met by the funding deadline?       Yes       No         Part VII       Plan Terminations and Transfers of Assets       13a         13a       Has a resolution to terminate the plan been adopted during the plan year or any prior year?       13a         f 'Yes,' enter the amount of any plan assets that reverted to the employer this year       13a         b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       Yes         c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1)       Name of plan(s):       13c(3) PN(s)       13c(3) PN(s)         updre paralties of perfury and other panalties set torth in the instructions. I declare that have examined this mum/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report will be assessed unless.       13c(3) PN(s)         updre by an enrolled actuary, as well as the electronic version of this return/report, and the best of my knowledge and belief, it is true							12h				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       12d         e Will the minimum funding amount reported on line 12d be met by the funding deadline?       Yes       No       N/A         Part VII       Plan Terminations and Transfers of Assets       13a       Has a resolution to terminate the plan been adopted during the plan year or any prior year?       Yes       No       N/A         13a       Has a resolution to terminate the plan been adopted during the plan year or any prior year?       Yes       X No       N/A         b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       Yes       X No         c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1)       Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         under penalties of perjury and other penalties set forth in the instructione, I declare that have examined this return/report, including, If applicable, a Schedule MB completed and signed by an emolied actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SiGN       H											
the left of a negative amount)       12d         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?       Yes       No       N/A         Part VII       Plan Terminations and Transfers of Assets       13a       Yes       No       N/A         13a       Has a resolution to terminate the plan been adopted during the plan year or any prior year?       13a       Yes       Xo         If 'Yes,' enter the amount of any plan assets that reverted to the employer this year       13a        No         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       Yes       Xo         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1)       Name of plan(s):       13c(3) PN(s)       13c(3) PN(s)         under penalties of perlury and other penalties set forth in the instructione, ideate that it neverationed this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and balet, it is true, correct, and complete.         SIGN HERE       M       Obs/28/2010       H       DWAINE       BLAKEMAN	-					·····	120				
e       Will the minimum funding amount reported on line 12d be met by the funding deadline?       Yes       No       N/A         Part VII       Plan Terminations and Transfers of Assets       13a       13a       13a       13a         13a       Has a resolution to terminate the plan been adopted during the plan year or any prior year?       13a       13a       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       Yes       X       No         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penaltice of period actuary, as well as the electronic version of this return/report will be assessed unless reasonable cause is established.       Under penaltities of period actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB completed and slighed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB completed and slighed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB completed and sligned by an enrolled actuary, as well as the							124				
Part VII       Plan Terminations and Transfers of Assets         13a       Has a resolution to terminate the plan been adopted during the plan year or any prior year?       If "Yes," enter the amount of any plan assets that reverted to the employer this year       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought       Image: Transferred to another plan, or brought       Image: Transferred to another plan, or brought         under the control of the PBGC?       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(2) EIN(s)       13c(3) PN(s)         13a(1)       Name of plan(s):       13a(d) PN(s)       13c(2) EIN(s)       13c(3) PN(s)         Under penalties of perfury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, If applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Signa       A       Dwarm       05/28/2010       H       DWAINE       BLAKEMAN         HERE       A       Owarm       Bitchem       05/28/2010       H       DWAINE       BLAKEMAN									0	Ν/Δ	
13a       Has a resolution to terminate the plan been adopted during the plan year or any prior year?       Yes       X No         If "Yes," enter the amount of any plan assets that reverted to the employer this year       13a          b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       Yes       X No         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1)       Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under cenalties of perjury and other penalties set forth in the instructore, i declare that i have examined this return/report, including, if applicable, a Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report and to the best of my knowledge and belief, it is true, correct, and complete.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of plan administrator       Date       Enter name of individual signing as plan administrator								5	<u> </u>		
If 'Yes,' enter the amount of any plan assets that reverted to the employer this year       13a         b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       Yes         c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(2) EIN(s)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, index that have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and algoed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         signal       Under penalties of plan administrator       05/28/2010       H DWAINE BLAKEMAN         HERE				or any prior year?				· · · · · · · · · · · · · · · · · · ·	Ves	X No	
b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       Image: Control of the PBGC?         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)         13c(1)       Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and algoned by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sign       J. Dwarm       05/28/2010       H DWAINE BLAKEMAN         HERE       J. Dwarm       O5/28/2010       H DWAINE BLAKEMAN         HERE       J. Dwarm       05/28/2010       H DWAINE BLAKEMAN									100	23110	
under the control of the PBGC?       Yes       Xo         C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructione, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Af       Dwarm       05/28/2010       H       DWAINE       BLAKEMAN         HERE       Af       Dwarm       05/28/2010       H       DWAINE       BLAKEMAN         HERE       Af       Dwarm       05/28/2010       H       DWAINE       BLAKEMAN							100				
C       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)         13c(1)       Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, i declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       H       Dwarm       05/28/2010       H       DWAINE       BLAKEMAN         HERE       A       Output       05/28/2010       H       DWAINE       BLAKEMAN         HERE       A       Output       Obleman       05/28/2010       H       DWAINE       BLAKEMAN					-				Yes	X No	
Iiabilities were transferred. (See instructions.)         13c(1) Name of plan(s):         13c(2) EIN(s)         13c(2) EIN(s)         13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perfury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Signal       Applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Signal       Applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Signal       Applicable, a Schedule SB or Sch										23 110	
13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructiona, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Applycable       05/28/2010       H DWAINE BLAKEMAN         HERE       Applycable       05/28/2010       H DWAINE BLAKEMAN         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Sign       Applycable       05/28/2010       H DWAINE BLAKEMAN         HERE       Applycable       05/28/2010       H DWAINE BLAKEMAN				san to another plan(o), i	Gentify	the p			5013 0,		
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