Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

| | ension Benefit Guaranty Corporation | ▶ Complete all entries in accor | dance wit | h the instructions to the Form 550 | 0-SF. | | | | |
|----------|---|--|--------------|---------------------------------------|--------------|---------------------------------------|--------------|--|--|
| | | dentification Information | | | | | | | |
| For | calendar plan year 2009 or fisc | cal plan year beginning 01/01/200 | 9 | and ending 1 | 1/30/2 | 2009 | | | |
| Α. | This return/report is for: | X single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participant plai | n | | |
| В | Γhis return/report is for: | first return/report | final retur | n/report | | _ | | | |
| | | an amended return/report | short plar | n year return/report (less than 12 mo | nths) | | | | |
| C | Shock hav if filing under: | ▼ Form 5558 | - | | , | DFVC program | | | |
| C | | | | | | Di ve program | | | |
| _ | [| special extension (enter description | | | | | | | |
| | | mation—enter all requested inform | ation | | 41 | | | | |
| | Name of plan | OLIADING BLANKA B. LEEEDVEE AV | | | 16 | Three-digit plan number | | | |
| MIDL | AKES MGMT CORP PROFIT | SHARING PLAN/A.R. LEFEBVRE, M | I.D. | | | (PN) ▶ 00 | 1 | | |
| | | | | | 1c | Effective date of plan | | | |
| | | | | | | 02/01/1980 | | | |
| 2a | Plan sponsor's name and add | ress (employer, if for single-employer | plan) | | 2b | Employer Identification | n Number | | |
| AND | RE R. LEFEBVRE, M.D. | | | | | (EIN) 16-1483964 | | | |
| | | | | | 2c | Plan sponsor's telepho | | | |
| | PINE RIDGE DRIVE ARK, NY 14513 | | | | 24 | 315-331-8277 Business code (see in | | | |
| | | | | | Zu | 621111 | .Structions) | | |
| 3a | Plan administrator's name and | d address (if same as Plan sponsor, e | nter "Same | e") | 3b | Administrator's EIN | | | |
| | RE R. LEFEBVRE, M.D. | 102 PINE RI | DGE DRIV | | | 16-1483964 | | | |
| | | NEWARK, N | 1 14513 | | 3с | Administrator's teleph | | | |
| <u> </u> | the name and/or FIN of the n | lan ananasi baa abangad ainaa tha la | ot roturn/ro | an art filed for this plan, anter the | 315-331-8271 | | | | |
| | | lan sponsor has changed since the la er from the last return/report. Sponso | | eport filed for this plan, enter the | 4b EIN | | | | |
| | | | | | 4c | PN | | | |
| 5a | 5a Total number of participants at the beginning of the plan year | | | 5a | | 3 | | | |
| b | b Total number of participants at the end of the plan year | | | | 5b | | 0 | | |
| С | Total number of participants v | with account balances as of the end o | f the plan v | vear (defined benefit plans do not | | | | | |
| | | | | | 5c | | 0 | | |
| 6a | Were all of the plan's assets | during the plan year invested in eligib | le assets? | (See instructions.) | | X | Yes No | | |
| b | | the annual examination and report of | | | | V | v 🗆 | | |
| | | (See instructions on waiver eligibility | | | | <u>^</u> | Yes No | | |
| Da | rt III Financial Inform | her 6a or 6b, the plan cannot use F | orm 5500- | SF and must instead use Form 55 | 00. | | | | |
| | | iation | | ()5 | | 4. F | | | |
| 7 | Plan Assets and Liabilities | | _ | (a) Beginning of Year | | (b) End of Ye | | | |
| | Total plan assets | | . 7a | 1201510 | , | | 0 | | |
| b | · | | | | _ | | | | |
| <u>c</u> | | 7b from line 7a) | . 7с | 1201510 |) | | 0 | | |
| 8 | Income, Expenses, and Trans | | | (a) Amount | | (b) Total | | | |
| а | Contributions received or received (1) Employers | eivable from: | . 8a(1) | 146 | 3 | | | | |
| | • • • • | | | (| ⊣ | | | | |
| | | s) | | | - | | | | |
| b | • | | ` ' | -34145 | - | | | | |
| | , , | | | -04140 | , | | -33999 | | |
| c d | | , 8a(2), 8a(3), and 8b) trollovers and insurance premiums | . 8c | | | | -33999 | | |
| u | , , | | . 8d | 1167511 | | | | | |
| е | , | ctive distributions (see instructions) | | | | | | | |
| f | | ers (salaries, fees, commissions) | | | | | | | |
| g | | | | | | | | | |
| h | • | , 8e, 8f, and 8g) | | | | | 1167511 | | |
| i | | ne 8h from line 8c) | | | | | -1201510 | | |
| i | | see instructions) | | | | | | | |
| , | | | 1 81 | İ | | | | | |

| Dort IV | Dian | Charac | teristics |
|---------|------|--------|------------|
| Part IV | Plan | Charac | 'teristics |

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

| b | If the | plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara | cterist | ic Co | des in t | he instr | uction | S: | |
|-------------|--------|---|---------|---------|----------|------------|--------|--------|-------|
| art | ٧ | Compliance Questions | | | | | | | |
| 0 | Duri | ng the plan year: | | Yes | No | | An | nount | |
| а | | there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | |
| b | | e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.) | 10b | | X | | | | |
| С | Was | s the plan covered by a fidelity bond? | 10c | | Χ | | | | |
| d | | the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty? | 10d | | X | | | | |
| е | insu | e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.) | 10e | | X | | | | |
| f | Has | the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| g | Did t | the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | | | | |
| h | | s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.) | 10h | | X | | | | |
| i | | h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | |
| art | ۷I | Pension Funding Compliance | | | | | | | |
| 1 | | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com | | | | | | Yes | X No |
| 2 | | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | | Yes | X No |
| | If a v | 'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver | th | | | | | | |
| | | r the minimum required contribution for this plan year | | | 12b | | | | |
| С | Ente | r the amount contributed by the employer to the plan for this plan year | | Г | 12c | | | | |
| | Subt | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left stive amount) | of a | | 12d | | | | |
| е | Will t | the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | | No | N/A |
| art | VII | Plan Terminations and Transfers of Assets | | | | | | | |
| 3a | Has | a resolution to terminate the plan been adopted during the plan year or any prior year? | | | | | | Yes | No |
| | If "Ye | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | 0 |
| b | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC? | under | the co | ntrol | | | Yes | No |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.) | ne plai | n(s) to | ١ | | | | |
| 1 | 3c(1) | Name of plan(s): | | 13 | c(2) EI | N(s) | | 13c(3) | PN(s) |
| | | | | | | | | | |
| | | | | | | | | | |
| aut | ion: A | A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | se is | establ | ished. | | | |
| Inde B o | r pena | alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete. | ırn/rep | ort, in | cludin | g, if appl | | • | |
| | Fil | led with authorized/valid electronic signature 07/19/2010 ANDRE R. L. EFE | B\/RF | MD | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 07/19/2010 | ANDRE R. LEFEBVRE, M.D. |
|--------------------------------------|---|------------|--|
| 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 |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| | art I Annual Report Identification Information | | | | | | | |
|--------------------------------------|---|---|--|---|-------------------------|-------------------------|--|--|
| For | calendar plan year 2009 or fiscal plan year beginning | 01/01/2 | 009 and ending | | 11/30/200 | 19 | | |
| Α | This return/report is for: | multiple-e | mployer plan (not multiemployer) | one-participant plan | | | | |
| В | This return/report is for: first return/report | final retur | n/report | | <u></u> | | | |
| | an amended return/report | = | year return/report (less than 12 mo | nths) | | | | |
| C | Check box if filing under: X Form 5558 | ╡ : | extension | , | ☐ DFVC progra | m | | |
| J | special extension (enter descript | | CALCHISION | | ☐ bi vo piogia | 111 | | |
| D, | | | | | | | | |
| | art II Basic Plan Information—enter all requested inform | nation | | 46 | Th | | | |
| | Name of plan MIDLAKES MGMT CORP | | | 10 | Three-digit plan number | | | |
| | PROFIT SHARING PLAN/A.R. LEFEBVRE, M.D. | | | | (PN) | 001 | | |
| | PROFIT SHARING FLAN/A.R. LEFEBVRE, M.D. | | | 1c | Effective date of | | | |
| | | | | <u> </u> | 02/01/1980 |) | | |
| 2a | Plan sponsor's name and address (employer, if for single-employer ANDRE R. LEFEBVRE, M.D. | r plan) | | 2b | Employer Identif | | | |
| | , | | | 20 | (EIN) 16-148 | elephone number | | |
| | 102 PINE RIDGE DRIVE | | | 20 | (315)331-8 | | | |
| | 102 FINE KIDGE DKIVE | | | 2d | Business code (| see instructions) | | |
| | NEWARK | | NY 14513 | | 621111 | | | |
| за | $\underset{\mbox{\scriptsize SAME}}{\mbox{\scriptsize Plan}}$ administrator's name and address (if same as Plan sponsor, | enter "Same | 2") | 3b Administrator's EIN | | | | |
| | | | | 3c | Administrator's t | elephone number | | |
| | | | | 7 Administrator 3 telephone numbe | | | | |
| | If the name and/or EIN of the plan sponsor has changed since the la | | port filed for this plan, enter the | 4b EIN | | | | |
| | name, EIN, and the plan number from the last return/report. Spons | or's name | | 4c PN | | | | |
| 5a | Total number of participants at the beginning of the plan year | | | 5a | | | | |
| b | Total number of participants at the end of the plan year | | | 5b | | | | |
| С | Total number of participants with account balances as of the end | | | 0.0 | 35 | | | |
| | complete this item) | | | 5c | | | | |
| | Were all of the plan's assets during the plan year invested in eligi | | | | | X Yes No | | |
| b | Are you claiming a waiver of the annual examination and report of under 20 CER 2520 404 463 (See instructions on webser elicibility | of an indepe | ndent qualified public accountant (IC | (API | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use I | | ons.) | | | V Ves No | | |
| Pa | | Form 5500- | SF and must instead use Form 55 | | | X Yes No | | |
| | art III Financial Information | Form 5500- | SF and must instead use Form 55 | | | X Yes No | | |
| 7 | Art III Financial Information Plan Assets and Liabilities | Form 5500- | | | | | | |
| - | | | SF and must instead use Form 55 (a) Beginning of Year 1,201,53 | 00. | (b) End | | | |
| - | Plan Assets and Liabilities Total plan assets | 7a | (a) Beginning of Year | 00. | | | | |
| a | Plan Assets and Liabilities Total plan assets Total plan liabilities | 7a 7b | (a) Beginning of Year | LO | | | | |
| a b | Plan Assets and Liabilities Total plan assets Total plan liabilities | 7a 7b | (a) Beginning of Year 1,201,51 | LO | | of Year | | |
| a b c | Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year | 7a 7b | (a) Beginning of Year 1,201,55 1,201,55 (a) Amount | LO LO | (b) End | of Year | | |
| a b c | Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers | 7a 7b 7c 8a(1) | (a) Beginning of Year 1,201,53 | LO LO | (b) End | of Year | | |
| a b c | Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants | 7a 7b 7c 8a(1) 8a(2) | (a) Beginning of Year 1,201,55 1,201,55 (a) Amount | LO LO | (b) End | of Year | | |
| a b c | Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) | 7a 7b 7c 8a(1) 8a(2) 8a(3) | (a) Beginning of Year 1,201,53 1,201,53 (a) Amount | LO LO LO 0 | (b) End | of Year | | |
| a b c | Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers | 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b | (a) Beginning of Year 1,201,55 1,201,55 (a) Amount | LO LO LO 0 | (b) End | of Year Otal | | |
| a b c 8 a b | Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b | (a) Beginning of Year 1,201,53 1,201,53 (a) Amount | LO LO LO 0 | (b) End | of Year | | |
| a b c 8 a b | Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) | 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c | (a) Beginning of Year 1,201,53 1,201,53 (a) Amount 14 | LO LO O O O O O O O O O O O O O O O O O | (b) End | of Year Total | | |
| a b c 8 a b c d | Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d | (a) Beginning of Year 1,201,53 1,201,53 (a) Amount | LO LO O O O O O O O O O O O O O O O O O | (b) End | of Year Otal | | |
| a b c 8 a b | Plan Assets and Liabilities Total plan assets | 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e | (a) Beginning of Year 1,201,53 1,201,53 (a) Amount 14 | LO LO O O O O O O O O O O O O O O O O O | (b) End | of Year Total | | |
| a b c b c d e f | Plan Assets and Liabilities Total plan assets | 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f | (a) Beginning of Year 1,201,53 1,201,53 (a) Amount 14 | LO LO O O O O O O O O O O O O O O O O O | (b) End | of Year Total | | |
| a b c d e f g | Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses | 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d 8e 8g | (a) Beginning of Year 1,201,53 1,201,53 (a) Amount 14 | LO LO O O O O O O O O O O O O O O O O O | (b) End | of Year Total (33,999 | | |
| a b c b c d e f | Plan Assets and Liabilities Total plan assets | 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e 8f 8g 8h | (a) Beginning of Year 1,201,53 1,201,53 (a) Amount 14 | LO LO O O O O O O O O O O O O O O O O O | (b) End | of Year Otal (33,999 | | |
| a b c d e f g | Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses | 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g 8h 8i | (a) Beginning of Year 1,201,53 1,201,53 (a) Amount 14 | LO LO O O O O O O O O O O O O O O O O O | (b) End | of Year Total (33,999 | | |

| | Form 5500-SF 2009 Page 2- | | | | | | | |
|-------------------------|--|------------------|--------------------|---------------------|----------------------------|--------------------------|---------------------|-------------|
| Par | t IV Plan Characteristics | | ************ | ejiingiapmetirobide | aponomiento en transmona. | ting contribution in in- | Andrew Construction | |
| | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2J 3B 3D | acteris | stic Co | des in | the instru | ctions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara | cteris | tic Cod | des in t | he instruc | tions: | | |
| Part | V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | Yes | No | | Amou | unt | ··· |
| a | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | | | - | |
| С | Was the plan covered by a fidelity bond? | 10c | | Х | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | Х | | | | |
| е | 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 benefits under the plan? (See | | | | | | | |
| | instructions.) | 10e | | X | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | Х | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | Х | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | Х | | | | |
| 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 | | | | | Ŷ. | |
| Part | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com | | | | | П | Vac | X No |
| 12 | ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | | | X No |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | • | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver | | | | | | | |
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | [| 12b | | | | |
| С | 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 negative amount) | of a | | 12d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | No | o 📗 | 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? | | | | 5 - 4 | X | Yes | No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | C |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? | under | the co | | | X | Yes | No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.) | ne pla | n(s) to | | | · | | |
| 13c(1) Name of plan(s): | | | 13 | c(2) El | N(s) | 1: | 3c(3) | PN(s) |
| | | | | | | | | |
| | | | | | | | | |
| Caut | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | ıse is | establ | ished. | | | |
| SB o | er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true correct, and complete | urn/re /repor | port, ir t, and | cluding to the b | g, if applic best of my | able, a knowle | Sche edge a | dule and |
| 46.50 | 1/0. M/ 1.0 V > 1/0/1/. [ANDRED] | च क्रा | ייו כוז ז כ | N/I | <u> </u> | | | |

SIGN HERE Signature of plan administrator

SIGN HERE Signature of employer/plan sponsor

Date Enter name of individual signing as plan administrator

ANDRE R. LEFEBVRE, M.D.

ANDRE R. LEFEBVRE, M.D.

Enter name of individual signing as employer or plan sponsor