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Description of Lister Produce Nuclei Nort Annuary Profession of Lister Produce Nuclei Nort Annuary This Form is Open to Public Integration This Form is Open to Public Integration Part I Annual Report Identification Information Complete all entries in accordance with the instructions to the Form 5500-SF This Form is Open to Public Instructions An This return/report is for: Inside employer plan (on the plan open topont) Inside employer plan (on the plan open topont) Inside employer plan (on the plan open topont) C Check box if fling under: IP of 556 under description) IP the complex plan (on the plan open topont) Part II. Annual Report Identification Information—emer all reguested information IP the complex plan (on the plan open topont) IP the complex plan (on the plan open topont) C Check box if fling under: IP of formation IP three-clipition IP three-clipition 24 Pan opensor's name and address (employer, if for single employer plan) Oot 20 Employer Identification Number (EN), 26 (14300) 35 Administration of the plan opensor is champed since the last returning optimal is plan onumber (EN), 26 (14300) 26 Employer Identification Number (EN), 26 (14300) 36 Administration of the plan opensor is champed since the last returning optimal is of an independent of the plan opensor is champed since the last returning optimal is of an independent optin optimal is of an independent optimal is of an ind				Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee			2009			
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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:

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2E 2F 2G 2J 2R 3B 3D
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b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?	10c	X		I			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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 benefits under the plan? (See instructions.)	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	1			
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						
Part	VI Pension Funding Compliance							
11								
lf y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	th						
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	· · · · · · · · · · · · · · · · · · ·							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>.</u>		Yes	N	0	N/A
Part								
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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							
С	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						Yes	× No
13c(1) Name of plan(s):				13c(2) EIN(s)			3c(3)	PN(s)
_						t		

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	Filed with authorized/valid electronic signature.	08/31/2010	PAMELA BURG					
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					