	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employed			2009				
E	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the ode (the Code).	This Form is Open to Public					
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Inspection				
	Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
		single-employer plan		mployer plan (not multiemployer)		one-participant plan				
	This return/report is for:	first return/report	final retur							
D	This return/report is for:	an amended return/report) year return/report (less than 12 mo	nths)					
c					11013)					
C	C Check box if filing under:									
Pa	art II Basic Plan Inform	nation—enter all requested information	,							
	Name of plan		allon		1b	Three-digit				
	NSURANCE 401(K) PLAN					plan number				
					1.	(PN) 🖡				
					TC	Effective date of plan 01/01/2002				
	Plan sponsor's name and addreverse version ver	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1255333				
	,				2c	Plan sponsor's telephone number 509-783-2141				
	WEST COURT STREET CO, WA 99301				2d	Business code (see instructions) 524210				
		address (if same as Plan sponsor, ei			3b	Administrator's EIN				
HAR	VEY-MONTEITH INSURANCE,	INC. 3825 WEST (PASCO, WA		TREET	30	91-1255333				
_		,			30	C Administrator's telephone number 509-783-2141				
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
name, EIN, and the plan number from the last return/report. Sponso					4c	PN				
5a Total number of participants at the beginning of the plan year					5a	28				
b	Total number of participants at	the end of the plan year			5b	33				
С	• •	th account balances as of the end of		· ·	5c	5				
6a		uring the plan year invested in eligible				X Yes No				
-	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ident qualified public accountant (IQ						
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		X Yes No				
Pa	rt III Financial Informa		5111 5500-	or and must instead use rorm of	00.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	7698	7	98318				
b	Total plan liabilities		7b		0	0				
C	Net plan assets (subtract line 7	b from line 7a)	7c	7698	7	98318				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount	_	(b) Total				
а	Contributions received or recei	vable from:	8a(1)		0					
			8a(2)	137	0					
	(<i>)</i>									
b	.,			1996	1					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			21331				
d		ollovers and insurance premiums	04		0					
•	, ,	ive distributions (see instructions)	8d		-					
e f		s (salaries, fees, commissions)		0						
g	•		8g		-					
9 h		Be, 8f, and 8g)			0					
i		e 8h from line 8c)	-		21					
	· · · · · · · · · · · · · · · · · · ·	e instructions)			0					

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 2K 2T 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		Amou	Int	
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)	10a		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					10000
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		4			
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•					Yes	X No
lf : b	(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 instruggranting the waiver. Monyou completed line 12a, 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	th of a				ne lette Year _		0
•	negative amount)				Yes	No	<u>,</u> Г	N/A
Part	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets				103	THC.	,	IN//A
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		Г	 13a			Yes	× No
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
1	3c(1) Name of plan(s):		13	c(2) Ell	N(s)	13	3c(3)	PN(s)
• •	the second se				- II			

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 HERE	Filed with authorized/valid electronic signature.	10/06/2010	ROSALIND YOVOVICH
	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 Short Form Anr	nual Return/F Benefit	OMB Nos, 1210-01 1210-00					
	Department of the Treasury Internal Revenue Service This form is required	This form is required to be filed under sections 104 and 4065 of the Employ			20 09			
Emp	Department of Labor Retirement Income	Security Act of 1974 Internal Revenue Co	(ERISA), and section 6058(a) of the	f the This Form is Open to P				
Per	sion Benefit Guaranty Corporation Complete all entries	in accordance with	the instructions to the Form 5500	-SF,				
Par		tion 01/01/20	000 and onding		12/31/200	<u> </u>		
Forc	alendar plan year 2009 or fiscal plan year beginning			Г	7			
ATI	his return/report is for: X single-employer plan		mployer plan (not multiemployer)	Ĺ	one-participa	nt plan		
Вл	his return/report is for:	finat return						
	an amended return/repoi	H	year return/report (less than 12 mon	_				
C C	heck box if filing under: X Form 5558	automatic	extension	DFVC program				
	special extension (enter	description)						
Par		ed information		44				
	lame of plan M INSURANCE 401 (K) PLAN			1b Three-digit plan number				
11	TI INSOLANCE FOI (R) I BAR				(PN)	001		
					Effective date of			
		······			01/01/2002			
2a F	an sponsor's name and address (employer, if for single- ARVEY-MONTEITH INSURANCE, INC.	employer plan)			Employer Identifi (EIN) 91-125			
				······		elephone number		
÷.	825 WEST COURT STREET				(509) 783-2			
			W7 00201	2d Business code (see instructions) 524210				
	ASCO Agn administrator's name and address (if same as Plan s	ponsor, enter "Same	WA 99301	3b Administrator's EIN				
Ja si			· /					
				3c /	Administrator's t	elephone number		
A 16	the name and/or EIN of the plan sponsor has changed sir	ce the last return/ret	oort filed for this plan, enter the	4b EIN				
n;	ame, EIN, and the plan number from the last return/report	. Sponsor's name						
				40	PN T			
	Total number of participants at the beginning of the plan y			5a		28		
	Fotal number of participants at the end of the plan year			5b	ļ	33		
	Total number of participants with account balances as of complete this item)			5c		5		
6a	Were all of the plan's assets during the plan year invester	d in eligible assets?	(See instructions.)			X Yes No		
						_		
Þ	Are you claiming a waiver of the annual examination and under 29 CER 2520 104-462 (See instructions on waiver	report of an indeper eligibility and condition	ndent qualified public accountant (IQ ons.)	PA)	,,	X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver	eligibility and conditi	ons.)	PA)	·····	X Yes 🗌 No		
	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann	eligibility and conditi	ons.)	PA)		X Yes 🗌 No		
Par	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann	eligibility and conditi	ons.) SF and must instead use Form 550 (a) Beginning of Year	PA)	(b) End	of Year		
Par 7	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann t III Financial Information	eligibility and condition of the second s	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98	PA) 10 7				
Par 7 a	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann t-III Financial Information Plan Assets and Liabilities	eligibility and condition to the second seco	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98	PA) 10. 7 0		of Year 98,318 0		
Par 7 a b	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann t III Financial Information Plan Assets and Liabilities Total plan assets	eligibility and conditi tot use Form 5500-5 7a 7b 7c	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98	PA) 10. 7 0	(b) End	of Year 98,318 0 98,318		
Par 7 a b c 8	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	eligibility and condition of use Form 5500-5 7a 7b	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98	PA) 10. 7 0		of Year 98,318 0 98,318		
Par 7 b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	eligibility and condition to use Form 5500-5 7a 7b 7c 7c	ons.) SF and must instead use Form 550 (a) Beginning of Year 76, 98 76, 98 (a) Amount	PA) 10. 7 0	(b) End	of Year 98,318 0 98,318		
Par 7 b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	eligibility and condition of use Form 5500-5 7a 7b 7b 7c 8a(1)	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98 76, 98 (a) Amount	PA)	(b) End	of Year 98,318 0 98,318		
Par 7 b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	eligibility and condition of use Form 5500-5 7a 7b 7c 7c 8a(1) 8a(2)	ons.) SF and must instead use Form 550 (a) Beginning of Year 76, 98 76, 98 (a) Amount	PA)	(b) End	of Year 98,318 0 98,318		
Par 7 b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cannot t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	eligibility and condition of use Form 5500-5 7a 7b 7c 7c 8a(1) 8a(2) 8a(3)	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98 76, 98 (a) Amount	PA)	(b) End	of Year 98,318 0 98,318		
Par 7 b c 8 a b	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets 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)	eligibility and condition of use Form 5500-3 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98 76, 98 (a) Amount 1, 37	PA)	(b) End	of Year 98,318 0 98,318		
Par 7 b c 8 a b c	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cannot t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	eligibility and condition of use Form 5500-5 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98 (a) Amount 1, 37	PA)	(b) End	of Year 98,318 0 98,318 0tal		
Par 7 b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cannot t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets 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 (toss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance pre to provide benefits)	eligibility and condition of use Form 5500-5 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c miums 8d	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98 (a) Amount 1, 37	PA)	(b) End	of Year 98,318 0 98,318 0tal		
Par 7 b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cannot t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets 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 pre	eligibility and condition of use Form 5500-5 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c miums 8d	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98 (a) Amount 1, 37	PA)	(b) End	of Year 98,318 0 98,318 0tal		
Par 7 a b c c a a a c c d a a a a a a a a a b c c a a b c c a a b c c a a b c c a a b c a a a b c c a a b c c a a b c c a a b c c a a b c c a a b c c a a b c c a a a b c c a a c c a a c c a c a	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cannot t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets 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 (toss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance pre to provide benefits)	eligibility and condition of use Form 5500-5 7a 7b 7c 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c miums 8d ctions)	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98 (a) Amount 1, 37	PA)	(b) End	of Year 98,318 0 98,318 0tal		
Par 7 a b c c a a b c c d f	under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either 6a or 6b, the plan cann t III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets Net plan assets (subtract line 7b from line 7a)	eligibility and condition to use Form 5500-5 7a 7b 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c miums 8c miums 8d ctions)	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98 (a) Amount 1, 37 19, 96	PA)	(b) End	of Year 98,318 0 98,318 01al		
Par 7 a b c c a a b c c d c f g h	under 29 CFR 2520.104-46? (See instructions on waiver of you answered "No" to either 6a or 6b, the plan cannot till Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Total 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 preio provide benefits) Certain deemed and/or corrective distributions (see instru Administrative service providers (salaries, fees, commissi Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	eligibility and conditions to use Form 5500-5500-5500-5500-5500-5500-5500-550	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98 (a) Amount 1, 37	PA)	(b) End	of Year 98,318 0 98,318 otal 21,331		
Par 7 a b c c a a b c c d c f g h i	under 29 CFR 2520.104-46? (See instructions on waiver of you answered "No" to either 6a or 6b, the plan cannot till Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Total 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 (toss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance pre to provide benefits) Certain deemed and/or corrective distributions (see instru Administrative service providers (salaries, fees, commissi Other expenses	eligibility and conditions out use Form 5500-5 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c miums 8c miums 8d ctions) 8e ons) 8f 8g 8h 8i	ons.) SF and must instead use Form 55((a) Beginning of Year 76, 98 (a) Amount 1, 37 19, 96	PA)	(b) End	of Year 98,318 0 98,318 01al		

	Form 5500-SF 2009	P	age 2-		_				
Part	IV Plan Characteristics	<u> </u>					·		
9a	If the plan provides pension benefits, enter the applicable pension fea	ature codes from the	List of Plan Char	acteris	stic Co	des in	the instruc	tions:	
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	List of Plan Chara	acteris	tic Co	les in t	the instruc	ions:	
Part	V Compliance Questions	<u></u>							
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progr	am)	10a		х			
Ď	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			10b		х			
с	Was the plan covered by a fidelity bond?			10c	x				10,000
	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?			10d		x			<u>,</u>
	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.)	the benefits under the	e plan? (See	10e	x				477
-	Has the plan failed to provide any benefit when due under the plan?			10f		x			
g	Did the plan have any participant loans? (if "Yes," enter amount as o	of year end.)		10g		х			
	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h		x			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2620.101-3			10i					
Part \	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500)}	its? (If "Yes," see ins	tructions and com	piete S	Sched	ule SB	(Form	1 Yes	s 🖾 No
a ifye b c	Is this a defined contribution plan subject to the minimum funding rea (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab If a waiver of the minimum funding standard for a prior year is being a granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule M Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan	ole.) amortized in this plan AB (Form 5500), and n year	n year, see instruc 	tions, th	and e	nter th	e date of th	ie letter n	
· · ·	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	•-••••••••			L	12d	<u>، ر</u>		<u> </u>
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Part \ 13a	/II Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan y	vear or any prior yea	r?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp					13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	ansferred to another	plan, or brought u	Inderi	the co	ntrol 		Yes	No No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plan	i(s) to				
13	13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3	8) PN(s)
·									
Cautio	on: A penalty for the late or incomplete filing of this return/report	t will be assessed u	miess reasonable	e caus	se is e	stablis	shed.	1	
SB or a	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.								
SIGN	Costal Rid	10-6-10	Markt	1.1	No:	te	th -]
HERE		Data	Fotos como atra	a ta da t					

ninistrate Mark H 10-6-10 1 SIGN HERE 14 105 SUL e Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor