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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.	1				
		dentification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
B This return/report is for: first return/report final return/report										
		nths)								
C	Check box if filing under:	DFVC program								
	special extension (enter description)									
Pa	rt II Basic Plan Infori	mation—enter all requested inform	ation							
	Name of plan				1b	Three-digit				
		01(K) PROFIT SHARING PLAN				plan number 001				
					_	(PN) ▶				
					1C	Effective date of plan 01/01/2008				
2a	Plan sponsor's name and addr	ress (employer, if for single-employer	nlan)		2b	Employer Identification Number				
	MIER DEVELOPMENT, INC.	coc (employer, ii let emgle employer	piani			(EIN) 91-1657571				
E020	N. FREYA				2c	Plan sponsor's telephone number 509-483-9046				
	KANE, WA 99217-6502				24	Business code (see instructions)				
					Zu	236200				
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN				
PKE	MIER DEVELOPMENT, INC.	5930 N. FRE SPOKANE, V		6502	20	91-1657571				
		Administrator's telephone number 509-483-9046								
		port filed for this plan, enter the	4b	EIN						
1	name, EIN, and the plan number		4c	DNI						
5a	Total number of participants a		тс 5а	3						
b		5a 5b	6							
b Total number of participants at the end of the plan yearc Total number of participants with account balances as of the end of the plan year (defined benefit plans do n										
	•			•	5c	6				
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)		Yes No				
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
				•		Yes No				
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
-	Total plan assets		. 7a	1091993	3	1292467				
b	. otal pian accosts									
C	•	7b from line 7a)	7c	1091993	3	1292467				
8	Income, Expenses, and Trans			(a) Amount		(b) Total				
а	Contributions received or rece									
	(1) Employers		. 8a(1)	10000	_					
	(2) Participants		. 8a(2)	44000	<u>'</u>					
	(3) Others (including rollovers	3)	. 8a(3)	1	_					
b	Other income (loss)		. 8b	155719)					
C		8a(2), 8a(3), and 8b)	. 8c			209719				
d		rollovers and insurance premiums	. 8d							
е		tive distributions (see instructions)	. 8e							
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	9245						
g	Other expenses		. 8g							
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				9245				
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			200474				
j		ee instructions)								

Form 5500-SF 2010	Page 2- [1	
IV Plan Characteristics		

Part If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
_	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		AIIIC	unt	
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					150000
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		X				
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		X				
g	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						
art			0 1 1		· /=			
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	. 0. 00	01.0			ш		Ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions.	and e	nter th	e date of t	he let	ter ruli	na
_	granting the waiver							
lf y	ou 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)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				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 of the PBGC?			ntrol			Yes	X No
С	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.)	ne pla	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
aut	ion: 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	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return the completed and signed by an enrolled actuary, as well as the electronic version of this return to the complete and signed by an enrolled actuary, as well as the electronic version of this return to the complete and signed by an enrolled actuary, as well as the electronic version of this return to the complete and signed by an enrolled actuary, as well as the electronic version of this return to the complete and signed by an enrolled actuary, as well as the electronic version of this return to the complete and	urn/rep	ort, in	cluding	g, if applic			
ellet	f, it is true, correct, and complete. Filed with authorized/valid electronic signature. 05/18/2011 LOLA RAMEY							
eici	US/10/2011							

SIGN	Filed with authorized/valid electronic signature.	05/18/2011	LOLA RAMEY
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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	rt Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	2010 and ending		12/31/2010	
Ат	is return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan					
Вт	his return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plan	year return/report (less than 12 mo	nths)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC program	
	special extension (enter descripti	on)			-	
Pa	rt II Basic Plan Information—enter all requested inform	nation				
	Name of plan			1b	Three-digit	
	PREMIER DEVELOPMENT, INC. 401(K) PROFIT	SHARIN	G PLAN		plan number	
				10	(PN) 001	
				ال	Effective date of plan 01/01/2008	
	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identification Number	
	PREMIER DEVELOPMENT, INC.	, ,			(EIN) 91-1657571	
	5930 N. FREYA			2c	Plan sponsor's telephone number	
	JJJ0 W. IKHIM			24	509-483-9046 Business code (see instructions)	
	SPOKANE WA 99217-6502			Zu	236200	
3a	Plan administrator's name and address (if same as Plan sponsor, e PREMIER DEVELOPMENT, INC.	enter "Same	9")	3b	Administrator's EIN	
	PREMIER DEVELOPMENT, INC.				91-1657571	
	5930 N. FREYA SPOKANE WA 99217-650	12		36	Administrator's telephone number 509-483-9046	
4 11	f 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					
				-	PN	
	Total number of participants at the beginning of the plan year				3	
h	Total number of participants at the end of the plan year			∫ 5b	6	
~			***************************************	30	<u> </u>	
	Total number of participants with account balances as of the end of	of the plan y	rear (defined benefit plans do not	5c	6	
С	Total number of participants with account balances as of the end complete this item)	of the plan y	rear (defined benefit plans do not	5c	6	
с ——	Total number of participants with account balances as of the end of complete this item)	of the plan y ble assets? an indeper	(See instructions.)	5c		
с ——	Total number of participants with account balances as of the end of complete this item)	of the plan y ble assets? an indeper	(See instructions.) dent qualified public accountant (ICions.)	5c		
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan y ble assets? an indeper	(See instructions.) dent qualified public accountant (ICions.)	5c		
6a b	Total number of participants with account balances as of the end complete this item)	of the plan y ble assets? an indeper	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 5	5c	6 X Yes No X Yes No	
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan y ble assets? an indeper and condit Form 5500-	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 5 (a) Beginning of Year	5c (PA)	X Yes No X Yes No No No	
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan y ble assets? an indeper and condit Form 5500-	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 5	5c (PA)	6 X Yes No X Yes No	
6a b	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligifular Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use for the plan cannot use for the plan Assets and Liabilities Total plan assets	of the plan y ble assets? f an indeper and condit form 5500-	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 5 (a) Beginning of Year	5c SPA) 500.	X Yes No X Yes No No No	
6a b	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligil. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use firt. III. Financial Information Plan Assets and Liabilities Total plan assets. Total plan assets (subtract line 7b from line 7a)	of the plan y ble assets? f an indeper and condit form 5500-	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 5 (a) Beginning of Year 10919	5c SPA) 500.	(b) End of Year 1292467	
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6a b 7 a b c	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use for the 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)	the plan y ble assets? f an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 5 (a) Beginning of Year 10919 10919 (a) Amount	5c SPA) 500.	(b) End of Year 1292467	
Ga b Pa 7 a b c 8 a	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligifular and complete this item) Were all of the plan's assets during the plan year invested in eligifular and plan assets (See instructions on waiver eligibility of the year answered "No" to either 6a or 6b, the plan cannot use furtill. Financial Information 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)	the plan y ble assets? fan indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) (Instructions.) (Instr	5c SPA) 500.	(b) End of Year 1292467	
C 6a b 7 a b c 8 a	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use for till. Financial Information Plan Assets and Liabilities Total plan liabilities 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)	the plan y ble assets? fan indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) (Instructions.) (Instr	5c SPA) 500.	6 X Yes No X Yes No No No No No No	
Pa b Pa b c 8 a	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use firt III Financial Information 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	the plan y ble assets? f an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) (Instructions.) (Instr	5c SPA) 500.	6 X Yes No X Yes No No No No No No	
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Pa b c d	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use for tell. Financial Information Plan Assets and Liabilities Total plan assets	the plan y ble assets? fan indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) (See instructions.) (dent qualified public accountant (IC ions.) (a) Beginning of Year 10919 (a) Amount 100 440	5c (2PA) (500.	6 X Yes No X Yes No No No No No No	
6a b Pa 7 a b c 8 a b c d e f	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use for till. Financial Information 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) Other expenses Other expenses	the plan y ble assets? fan indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d	(See instructions.) (See instructions.) (dent qualified public accountant (IC ions.) (a) Beginning of Year 10919 (a) Amount 100 440	5c (2PA) (500.	6 X Yes No X Yes No No No No No No	
6a b Pa 7 a b c 8 a b c d e f g	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use for till. Financial Information Plan Assets and Liabilities Total plan liabilities 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 premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Other expenses Other expenses	the plan y ble assets? fan indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) (See instructions.) (dent qualified public accountant (IC ions.) (a) Beginning of Year 10919 (a) Amount 100 440	5c (2PA) (500.	6 X Yes No No X Yes No No (b) End of Year 1292467 (b) Total	

	Form 5500-SF 2010 Page 2-							
Pari	IV Plan Characteristics				****			
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char						•	
Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
a	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		Х				
þ	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				1.	50000
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		х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
q	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				
Ì	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 co 5500))	•					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth						
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г	106	Т			
b			- 1	12b				******
c d	Enter the amount contributed by the employer to the plan for this plan year	t of a		12c 12d				
Same and the	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	Vo.	N/A
Part	VII Plan Terminations and Transfers of Assets							

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

which assets or liabilities were transferred. (See instructions.)

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.

5-15-11 L	ola Ramey
ate E	Enter name of individual signing as plan administrator
ate [Enter name of individual signing as employer or plan sponsor
_	ate