## 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.

2010

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	art I 📗 A	Innual Report I	dentification Informa	tion					
For	calendar p	lan year 2010 or fisc	cal plan year beginning	01/01/201	0	and ending	12/31/2	2010	
Α	This return/	report is for:	single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan	
		urn/report is for: first return/report final return/report							
			an amended return/repo	ort 🗏	short plan	n year return/report (less than 12 m	onths)		
_	Chook how	if filing under:	☐ Form 5558		•	extension	,	DFVC program	
C	CHECK DOX	special extension (enter	CATORISION		_ bi vo program				
-	4 II D	ania Dian Infan	<u> </u>		,				
			mation—enter all request	ed inform	ation		1h	Throp digit	
	Name of p		INC. PROFIT SHARING PL	Δ			10	Three-digit plan number	
ALI	INE MORT	SACE SERVICES,	INO. I KOI II SHAKINO I L	^				(PN) ▶ 001	
							1c	Effective date of plan	
								01/01/1993	
		sor's name and add GAGE SERVICES, I	ress (employer, if for single-	employer	plan)		2b	Employer Identification Number	
ALP	INE WORT	JAGE SERVICES,	INC.				20	(EIN) 91-1451908 Plan sponsor's telephone number	
2150	N 107TH S	STREET, SUITE #4	80				20	206-440-1000	
SEA	TTLE, WA 9	98133					2d	Business code (see instructions)	
			<u></u>				01	522292	
3a ALP	Plan admii NE MORTO	nistrator's name and GAGE SERVICES,	d address (if same as Plan s INC. 215	sponsor, e 50 N 107T	nter "Same H STREE	e") Γ, SUITE #480	30	Administrator's EIN 91-1451908	
			SE.	ATTLE, W	/A 98133		3c	Administrator's telephone number	
								206-440-1000	
						port filed for this plan, enter the	4b	EIN	
	name, EIN,	and the plan numb	er from the last return/report	t. Sponso	ors name		4c	PN	
5a	Total num	ber of participants a	at the beginning of the plan v	/ear			<del></del>	56	
b							4		
С						rear (defined benefit plans do not	0.0		
							5c	43	
6a	Were all	of the plan's assets	during the plan year investe	d in eligib	le assets?	(See instructions.)		Yes No	
b						ndent qualified public accountant (I		X Yes ☐ No	
						ons.)SF and must instead use Form 5		Tes No	
Pa		inancial Inform		iot use i	01111 3300-	or and must instead use i orm t	,500.		
7		ets and Liabilities				(a) Beginning of Year		(b) End of Year	
а					. 7a	23622	15	2645330	
	Total plan				. 7b				
С					23622	15	2645330		
8	Income, Expenses, and Transfers for this Plan Year				(a) Amount		(b) Total		
а		ons received or rece							
	<b>(1)</b> Emplo	oyers			. 8a(1)	1005			
	` '				. 8a(2)	1365	//		
	(3) Others	s (including rollover	s)		. 8a(3)	0007	-		
b		,			. 8b	2897	33	400040	
C			, 8a(2), 8a(3), and 8b)		. 8c			426310	
d		, ,	rollovers and insurance pre		. 8d	1240	90		
е			ctive distributions (see instru		. 8e		_		
f			ers (salaries, fees, commissi	,		191	05		
g		·		,	. 8g				
9 h			, 8e, 8f, and 8g)					143195	
i			ne 8h from line 8c)					283115	
i		, , ,	see instructions)						
J									

	Form 5500-SF 2010 Page <b>2-</b>						
ar	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:	
	2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	otorict	ic Cor	loc in t	ho inetruct	ione:	
U	in the plan provides wellare behelits, enter the applicable wellare reature codes from the List of Flan Chara	iciensi	.10 000	ies iii t	ne msnuci	10115.	
art	V Compliance Questions						
)	During the plan year:		Yes	No		Amount	
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		ı		275000
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	1		_
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				12494
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	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes	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 instruction 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	<u> </u>		
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	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 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Yes X No

Were all the plan assets distributed to participants or beneficiaries, 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(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	Filed with authorized/valid electronic signature.	07/21/2011	DURAND SPLATER
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

	art I Annual Report Identification Information				
For		01/01/201	0 and ending		12/31/2010
Α -	This return/report is for: X single-employer plan	multiple-emp	loyer plan (not multiemployer)		one-participant plan
B.	This return/report is for:     first return/report	final return/re	port		ш
_	an amended return/report	1	ear return/report (less than 12 mo	nths)	
	H	, ,	• `	,	
C (		automatic ex	rension		☐ DFVC program
	special extension (enter description)	·			
	art II Basic Plan Information—enter all requested inform	nation			<b>,</b>
	Name of plan		_	1b	Three-digit
	Alpine Mortgage Services, Inc. Profit Sh	naring Pi	a		plan number (PN) 001
				10	Effective date of plan
				''	01/01/1993
2a	Plan sponsor's name and address (employer, if for single-employe Alpine Mortgage Services, Inc.	r plan)	With the state of	2b	Employer Identification Number
	Alpine Mortgage Services, Inc.	. ,			(EIN) 91-1451908
				2c	Plan sponsor's telephone number
	2150 N 107th Street, Suite #480			-	(206) 440-1000
	Seattle		WA 98133	20	Business code (see instructions) 522292
	Plan administrator's name and address (if same as Plan sponsor,	enter "Same")	WA 30133	3b	Administrator's EIN
	Same	, ,			7.4
				3c	Administrator's telephone number
					(206) 440-1000
	f the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report. Spons		t filed for this plan, enter the	4b	EIN
'	name, Env, and the plan number from the last return/report. Opons	or 3 manne		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	56
b	Total number of participants at the end of the plan year			5b	4.8
	Total number of participants with account balances as of the end of			05	
	complete this item)			5c	4.3
6a	Were all of the plan's assets during the plan year invested in eligit	ala annotas (Ca			□ v □ v.
b	were an or the plant's assets during the plant year invested in engin	ne assets? (Se	ee instructions.)		X Yes No
	Are you claiming a waiver of the annual examination and report of	f an independe	ent qualified public accountant (IC	(PA)	
-	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an independe and conditions	ent qualified public accountant (ICs.)	(PA)	
	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 F	f an independe and conditions	ent qualified public accountant (ICs.)	(PA)	
Pa	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information	f an independe and conditions	ent qualified public accountant (IG 5.)and must instead use Form 55	(PA)	∑ Yes No
Pa 7	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities	f an independe and conditions Form 5500-SF	ent qualified public accountant (IGS.)and must instead use Form 55	00.	∑ Yes ☐ No
Pa 7 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information  Plan Assets and Liabilities  Total plan assets	f an independe and conditions form 5500-SF	ent qualified public accountant (IG 5.)and must instead use Form 55	00.	∑ Yes No
Pa 7 a b	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	f an independe and conditions form 5500-SF	and must instead use Form 55  (a) Beginning of Year  2,362,21	00.	(b) End of Year 2,645,330
Pa 7 a b	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets	f an independe and conditions form 5500-SF	and must instead use Form 55  (a) Beginning of Year  2,362,21	00.	∑ Yes ☐ No
Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF	and must instead use Form 55  (a) Beginning of Year  2,362,21	00.	(b) End of Year 2,645,330
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Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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	f an independe and conditions form 5500-SF	and must instead use Form 55  (a) Beginning of Year  2,362,21	00.	(b) End of Year 2,645,330
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3)	and must instead use Form 55  (a) Beginning of Year  2,362,21  2,362,21  (a) Amount	00. .5	(b) End of Year 2,645,330
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fert III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	and must instead use Form 55  (a) Beginning of Year  2,362,21  2,362,21  (a) Amount	00. .5	(b) End of Year  2,645,330  (b) Total
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	and must instead use Form 55  (a) Beginning of Year  2,362,21  2,362,21  (a) Amount	00. .5	(b) End of Year 2,645,330
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	and must instead use Form 55  (a) Beginning of Year  2,362,21  2,362,21  (a) Amount  136,57	PA) 00. 5 77	(b) End of Year  2,645,330  (b) Total
Pa 7 a b c 8 a b c d	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF  7a	and must instead use Form 55  (a) Beginning of Year  2,362,21  2,362,21  (a) Amount	PA) 00. 5 77	(b) End of Year  2,645,330  (b) Total
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Free III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year  2,362,21  (a) Amount  289,73	PA) 00. 5 5 7 33	(b) End of Year  2,645,330  (b) Total
Pa 7 a b c 8 a b c d e f	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Free III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF  7a	and must instead use Form 55  (a) Beginning of Year  2,362,21  2,362,21  (a) Amount  136,57	PA) 00. 5 5 7 33	(b) End of Year  2,645,330  (b) Total
Pa 7 a b c 8 a b c d e f g	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF  7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8d 8e 8g	(a) Beginning of Year  2,362,21  (a) Amount  289,73	PA) 00. 5 5 7 33	(b) End of Year 2,645,330 (b) Total
Pa 7 a b c 8 a b c d e f	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year  2,362,21  (a) Amount  289,73	PA) 00. 5 5 7 33	(b) End of Year  2,645,330  (b) Total  426,310
Pa 7 a b c 8 a b c d e f g	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f an independe and conditions form 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(a) Beginning of Year  2,362,21  (a) Amount  289,73	PA) 00. 5 5 7 33	(b) End of Year 2,645,330 (b) Total

		Form 5500-SF 2010	Pa	ge <b>2-</b>							
Part	t IV	Plan Characteristics									
9a	If th	e plan provides pension benefits, enter the applicable pension featur	re codes from the	List of Plan Chara	acteris	stic Co	des in	the instructio	ns:		
h	2E 2F 2G 2J 2K 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part	٧	Compliance Questions									
10		ring the plan year:	· · · · · · · · · · · · · · · · · · ·			Yes	No	А	mount		
а		s there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	•		10a		Х				
b		re there any nonexempt transactions with any party-in-interest? (Do line 10a.)		•	10b		Х				
С		as the plan covered by a fidelity bond?			10b	Х	21		27	5,000	
d		the plan have a loss, whether or not reimbursed by the plan's fidelit				Λ				3,000	
-		dishonesty?	•	•	10d		Х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the	benefits under the	plan? (See	10e		Х				
f		tructions.)s the plan failed to provide any benefit when due under the plan?					X				
-					10f		Λ				
g h		the plan have any participant loans? (If "Yes," enter amount as of yents is an individual account plan, was there a blackout period? (See is	•		10g	Х			1.	2,494	
••		20.101-3.)			10h		Х				
i		Oh was answered "Yes," check the box if you either provided the req eptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part		· · · · · · · · · · · · · · · · · · ·				- 244					
11		nis a defined benefit plan subject to minimum funding requirements?							Yes	No	
а	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?    Yes   No (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 instructions, and enter the date of the letter ruling granting the waiver.    Month Day Year										
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB				Г	12b		***************************************		
		er the minimum required contribution for this plan yearer the amount contributed by the employer to the plan for this plan ye					12c				
	Sul	otract the amount in line 12c from the amount in line 12b. Enter the relative amount)	esult (enter a minu	us sign to the left	of a		12d				
е		the minimum funding amount reported on line 12d be met by the fur						Yes	No [	N/A	
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	s a resolution to terminate the plan been adopted during the plan yea	ar or any prior yea	r?					X Yes	No	
	lf "۱	es," enter the amount of any plan assets that reverted to the employ	yer this year				13a			0	
b		re all the plan assets distributed to participants or beneficiaries, trans							Πvos	X No	
С	lf d	he PBGC?uring this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)							∐ Yes	M 140	
1	13c(1) Name of plan(s):						13c(2) EIN(s)			PN(s)	
····											
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.											
Unde SB or	r pe r Scl	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as to true, correct, and complete.	eclare that I have e	examined this retu	urn/rej	port, ir	cluding	g, if applicabl			
SIGN	SN X Durand Sp					ater					
HER		Signature of plan administrator	Date	Enter name of ir			ning as	s plan admini	strator		

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Durand Splater

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE