## 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.

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

|            | art I Annual Report Identification In  |                    |                |                                      |         |                                       |                           |
|------------|--|--------------------|----------------|--------------------------------------|---------|---------------------------------------|---------------------------|
| For        | calendar plan year 2010 or fiscal plan year beginn                           | ing 01/01/20       | 010            | and ending                           | 12/31/2 | 2010                                  |                           |
| Α -        | This return/report is for:   | plan               | multiple-e     | employer plan (not multiemployer)    |         | one-participar                        | nt plan                   |
| В -        | This return/report is for: first return/repor                                | t                  | final retur    | n/report                             |         |                                       |                           |
|            | an amended ret   | urn/report         | short plar     | n year return/report (less than 12 m | onths)  |                                       |                           |
| C          | Check box if filing under:   |                    | automatio      | extension                            |         | DFVC progra                           | m                         |
|            | special extensio   | n (enter descrip   | ution)         |                                      |         |                                       |                           |
| Pa         | art II Basic Plan Information—enter all                                      | requested infor    | mation         |                                      |         |                                       |                           |
|            | Name of plan   | requeeted iiiei    | mation         |                                      | 1b      | Three-digit                           |                           |
|            | DMERK, INC. RETIREMENT PLAN AND TRUST  |                    |                |                                      |         | plan number                           | 001                       |
|            |  |                    |                |                                      |         | (PN) <b>•</b>                         |                           |
|            |  |                    |                |                                      | 1C      | Effective date of 01/01/20            | •                         |
| 2a         | Plan sponsor's name and address (employer, if fo                             | r single-employ    | er nlan)       |                                      | 2h      | Employer Identif                      |                           |
|            | OMERK, INC.  | i dirigio diripioy | or plan,       |                                      |         | (EIN) 65-0919                         |                           |
| 1040       | 0.6.W. 424.COURT   |                    |                |                                      | 2c      |                                       | elephone number           |
| BAY        |  |                    |                |                                      | 24      | 305-254                               |                           |
| MIAN       | /II, FL 33186  |                    |                |                                      | Zu      | Business code (s                      | see instructions)         |
|            | Plan administrator's name and address (if same a                             |                    |                |                                      | 3b      | Administrator's E                     |                           |
| LANL       | DMERK, INC.  | BAY 12             | /. 134 COUR    | .I                                   | 2-      | 65-0919                               |                           |
|            |  | MIAMI, FL          | 33186          |                                      | 3C      | Administrator's to 305-254            | elephone number<br>I-3341 |
| <b>4</b> I | f the name and/or EIN of the plan sponsor has cha                            | nged since the     | last return/re | port filed for this plan, enter the  | 4b      | EIN                                   |                           |
| ı          | name, EIN, and the plan number from the last retu                            | rn/report. Spon    | sor's name     |                                      | 4.0     | DNI                                   |                           |
|            | Total accept on of monticin outs of the bearinging of the                    |                    |                |                                      | 4c      | PN                                    |                           |
|            | Total number of participants at the beginning of the                         |                    |                |                                      |         |                                       | 6                         |
| b          | Total number of participants at the end of the plan                          | •                  |                |                                      | 5b      |                                       | 6                         |
| С          | Total number of participants with account balance complete this item)        |                    |                |                                      | 5c      |                                       | 6                         |
| 6a         | Were all of the plan's assets during the plan year                           |                    |                |                                      |         |                                       | X Yes No                  |
| b          | Are you claiming a waiver of the annual examinat                             |                    |                |                                      |         |                                       | <b>V</b>                  |
|            | under 29 CFR 2520.104-46? (See instructions or                               | -                  | •              | · ·                                  |         |                                       | Yes   No                  |
| Pa         | If you answered "No" to either 6a or 6b, the plott III Financial Information | an cannot use      | Form 5500-     | SF and must instead use Form :       | 500.    |                                       |                           |
| 7          | Plan Assets and Liabilities  |                    |                | (a) Beginning of Year                |         | (b) End                               | of Vear                   |
| -          | Total plan assets  |                    | 7a             | 944                                  | 71      | (b) Liid                              | 104130                    |
|            | Total plan liabilities   |                    |                |                                      | 0       |                                       | 0                         |
| С          | Net plan assets (subtract line 7b from line 7a)                              |                    |                | 944                                  | 71      |                                       | 104130                    |
| 8          | Income, Expenses, and Transfers for this Plan Ye                             |                    |                | (a) Amount                           |         | (b) T                                 | otal                      |
| а          | Contributions received or receivable from:                                   |                    |                | (1)                                  | 0       | , , , , , , , , , , , , , , , , , , , |                           |
|            | (1) Employers  |                    | 8a(1)          |                                      |         |                                       |                           |
|            | (2) Participants   |                    | ` '            |                                      | 0       |                                       |                           |
|            | (3) Others (including rollovers)   |                    | ` '            | 000                                  | 0       |                                       |                           |
| b          | Other income (loss)  |                    |                | 96                                   | 59      |                                       | 0050                      |
| C          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8                           | •                  | <u>8c</u>      |                                      |         |                                       | 9659                      |
| d          | Benefits paid (including direct rollovers and insurato provide benefits)     |                    | 8d             |                                      | 0       |                                       |                           |
| е          | Certain deemed and/or corrective distributions (se                           |                    |                |                                      | 0       |                                       |                           |
| f          | Administrative service providers (salaries, fees, c                          |                    |                |                                      | 0       |                                       |                           |
| g          | Other expenses   | ,                  |                |                                      | 0       |                                       |                           |
| h          | Total expenses (add lines 8d, 8e, 8f, and 8g)                                |                    |                |                                      |         |                                       | 0                         |
| i          | Net income (loss) (subtract line 8h from line 8c)                            |                    |                |                                      |         |                                       | 9659                      |
| i          | Transfers to (from) the plan (see instructions)                              |                    |                |                                      | 0       |                                       |                           |

| Form 5500-SF 2010 | Page <b>2-</b> |
|-------------------|----------------|
|                   |                |
|                   |                |

| Part IV | Plan  | Chara  | ctarie | tics |
|---------|-------|--------|--------|------|
| railiv  | riaii | Gilaia | Cleris | LICS |

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

| b            | If th         | he plan provides welfare benefits, enter the applicable welfare feature codes from the   | e List of Plan Chara     | cterist   | tic Co   | des in         | the instru  | ctions   | :      |       |
|--------------|---------------|--|--------------------------|-----------|----------|----------------|-------------|----------|--------|-------|
| art          | V             | Compliance Questions   |                          |           |          |                |             |          |        |       |
| 0            | Du            | uring the plan year:   |                          |           | Yes      | No             |             | Am       | ount   |       |
| а            | Wa            | as there a failure to transmit to the plan any participant contributions within the time per 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Programs                                 |                          | 10a       |          | X              |             |          |        |       |
| b            |               | ere there any nonexempt transactions with any party-in-interest? (Do not include translation 10a.)   |                          | 10b       |          | X              |             |          |        |       |
| С            | W             | /as the plan covered by a fidelity bond?   |                          | 10c       |          | X              |             |          |        |       |
| d            |               | d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was dishonesty?  |                          | 10d       |          | X              |             |          |        |       |
| е            | ins           | ere any fees or commissions paid to any brokers, agents, or other persons by an insi<br>surance service or other organization that provides some or all of the benefits under t<br>structions.)                    | he plan? (See            | 10e       |          | X              |             |          |        |       |
| f            | На            | as the plan failed to provide any benefit when due under the plan?   |                          | 10f       |          | X              |             |          |        |       |
| g            | Dio           | d the plan have any participant loans? (If "Yes," enter amount as of year end.)  |                          | 10g       |          | X              |             |          |        |       |
| h            |               | this is an individual account plan, was there a blackout period? (See instructions and 520.101-3.)   |                          | 10h       |          | X              |             |          |        |       |
| i            |               | 10h was answered "Yes," check the box if you either provided the required notice or exceptions to providing the notice applied under 29 CFR 2520.101-3   |                          | 10i       |          |                |             |          |        |       |
| art          |               |  |                          |           |          |                |             |          |        |       |
| 11           | ls t          | this a defined benefit plan subject to minimum funding requirements? (If "Yes," see in (00))   |                          |           |          |                |             | . [      | Yes    | X No  |
| 12           |               | this a defined contribution plan subject to the minimum funding requirements of sect   |                          |           |          |                |             |          | Yes    | X No  |
| а            | (If '         | "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this planting the waiver.                                     | an year, see instru      | ctions,   | and e    | enter th       | ne date of  | f the le |        |       |
| lf y         | you           | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a  | nd skip to line 13.      |           | _        |                | 1           |          |        |       |
| b            | En            | nter the minimum required contribution for this plan year  |                          |           |          | 12b            |             |          |        |       |
|              |               | nter the amount contributed by the employer to the plan for this plan year   |                          |           |          | 12c            |             |          |        |       |
| d            |               | ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a magative amount)   | -                        |           |          | 12d            |             |          |        | _     |
| е            | Wi            | ill 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  |                          |           |          |                |             |          |        |       |
| 3а           | На            | as a resolution to terminate the plan been adopted during the plan year or any prior ye  | ear?                     |           | <u>-</u> |                |             |          | Yes    | X No  |
|              | lf "          | Yes," enter the amount of any plan assets that reverted to the employer this year  |                          |           |          | 13a            |             |          |        |       |
| b            |               | ere all the plan assets distributed to participants or beneficiaries, transferred to anoth the PBGC?   |                          | under<br> | the co   | ontrol<br>     |             |          | Yes    | X No  |
| С            |               | during this plan year, any assets or liabilities were transferred from this plan to anothenich assets or liabilities were transferred. (See instructions.)   | er plan(s), identify the | ne plai   | n(s) to  | )              |             |          |        |       |
| 1            | 3c(           | (1) Name of plan(s):   |                          |           | 13       | <b>c(2)</b> El | IN(s)       |          | 13c(3) | PN(s) |
|              |               |  |                          |           |          |                |             |          |        |       |
|              |               |  |                          |           |          |                |             |          |        |       |
| Caut         | ion:          | : A penalty for the late or incomplete filing of this return/report will be assessed   | l unless reasonab        | le cau    | se is    | establ         | lished.     |          |        |       |
| Jnde<br>SB o | er pe<br>r Sc | enalties of perjury and other penalties set forth in the instructions, I declare that I have chedule MB completed and signed by an enrolled actuary, as well as the electronic veries true, correct, and complete. | e examined this retu     | urn/rep   | ort, ir  | ncludin        | g, if appli | ,        |        |       |
| <b>01</b> -  |               | Filed with authorized/valid electronic signature. 09/12/2011   | BARBARA PITAL            | UGA       |          |                |             |          |        |       |
| SIGN SIGN    |               |  |                          |           |          |                |             |          |        |       |

| SIGN | Filed with authorized/valid electronic signature. | 09/12/2011 | BARBARA PITALUGA   |
|------|---|------------|--|
| 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

|          | Annual Report Identification Information  |             |  |               |                                |                        |
|----------|---|-------------|--|---------------|--------------------------------|------------------------|
| For      | calendar plan year 2010 or fiscal plan year beginning 01/01/201   | 0           | and ending 12                          | 2/31/2        | 010                            | <del></del>            |
| Α        | This return/report is for: single-employer plan   | multiple-e  | mployer plan (not multiemployer)       |               | one-participant                | plan                   |
| В        | This return/report is for: first return/report  | final retur | n/report                               |               |                                |                        |
|          | an amended return/report  | short plan  | year return/report (less than 12 mor   | iths)         |                                |                        |
| C        | Check box if filing under:  | automatic   | extension                              |               | DFVC program                   | 1                      |
|          | special extension (enter description  | on)         |  |               |                                |                        |
| Pa       | irt II Basic Plan Information—enter all requested inform  | ation       |  |               |                                |                        |
|          | Name of plan  |             |  | 1b            | Three-digit                    |                        |
| LANI     | DMERK, INC. RETIREMENT PLAN AND TRUST   |             |  |               | plan number (PN)               | 001                    |
|          |   |             |  | 10            | Effective date of              | nlan                   |
|          |   |             |  |               | 01/01/20                       |                        |
|          | Plan sponsor's name and address (employer, if for single-employer   | plan)       |  | 2b            | Employer Identific             |                        |
| LAN      | DMERK, INC.   |             |  |               | (EIN) 65-09199                 |                        |
| 1240     | 0 S.W. 134 COURT  |             |  | 2c            | Plan sponsor's te 305-254-     | lephone number<br>3341 |
| BAY      |   |             | }                                      | 2d            | Business code (s               | ee instructions)       |
|          |   |             |  |               | 811310                         | ,                      |
| 3a       | Plan administrator's name and address (if same as Plan sponsor, e<br>DMERK, INC. 12400 S.W.   | nter "Same  | <b>*</b> ")                            | 3b            | Administrator's El<br>65-09199 |                        |
|          | BAY 12<br>MIAMI, FL 3:  |             |  | 30            | Administrator's te             | <del>-</del>           |
|          | WIAWI, FE 5.  | 3100        |  |               | 305-254-                       | -3341                  |
|          | 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. Sponso  | or's name   |  | 4c            | PN                             |                        |
| 5a       | Total number of participants at the beginning of the plan year  |             |  | 5a            | <u> </u>                       | 6                      |
| b        | Total number of participants at the end of the plan year  |             |  | 5b            | 1                              | 6                      |
|          | Total number of participants with account balances as of the end o  |             |  | <u> </u>      |                                |                        |
|          | complete this item)   |             |  | 5c            | <u>l</u>                       | 6                      |
| 6a       | Were all of the plan's assets during the plan year invested in eligib   |             |  |               |                                | Yes No                 |
| b        | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an indeper  | ndent qualified public accountant (IQI | PA)           |                                | ĭ Yes ☐ No             |
|          | If you answered "No" to either 6a or 6b, the plan cannot use F  |             |  |               |                                |                        |
| Pa       | rt III Financial Information  |             |  |               |                                |                        |
| 7        | Plan Assets and Liabilities   | En Line     | (a) Beginning of Year                  |               | (b) End o                      | of Year                |
| а        | Total plan assets   | . 7a        | 94471                                  |               |                                | 104130                 |
| b        | Total plan liabilities  | . 7b        | C                                      | )             |                                | 0                      |
| С        | Net plan assets (subtract line 7b from line 7a)   | . 7c        | 94471                                  |               |                                | 104130                 |
| 8        | Income, Expenses, and Transfers for this Plan Year  |             | (a) Amount                             |               | (b) To                         | otal                   |
| а        | Contributions received or receivable from:  |             |  | )             |                                |                        |
|          | (1) Employers   | . 8a(1)     |  | <b>⊣</b>      | eit itti                       |                        |
|          | (2) Participants  | 8a(2)       | (                                      | <b>—</b>  ::: |                                |                        |
| <b>L</b> | (3) Others (including rollovers)  | . 8a(3)     | 9659                                   | <b></b> ∤"    | rik. Ji Si                     |                        |
| b        | Other income (loss)   |             | 3008                                   |               |                                | 9659                   |
| c<br>d   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)<br>Benefits paid (including direct rollovers and insurance premiums            | . 8c        |  |               |                                |                        |
| u        | to provide benefits)  | . 8d        |  | )             | ia. Ha iai                     |                        |
| е        | Certain deemed and/or corrective distributions (see instructions)   | . 8e        | (                                      | )             |                                |                        |
| f        | Administrative service providers (salaries, fees, commissions)  | . 8f        | (                                      | )             |                                |                        |
| g        | Other expenses  | 8g          | (                                      | )             |                                | <u> </u>               |
| h        | Total expenses (add lines 8d, 8e, 8f, and 8g)   |             |  | :::           |                                |                        |
|          | rotal expenses (add interest, ed, et, and eg/   | . 8h_       |  |               |                                | 0                      |
| i        | Net income (loss) (subtract line 8h from line 8c)   |             |  |               |                                | 9659                   |

|            | Plan Characteristics  | andra francisco il la                    | t of Blog Cham            | oto de        | lla Ca         | des la f                              | the instruction                     |                                   |
|------------|---|--|---------------------------|---------------|----------------|---------------------------------------|-------------------------------------|-----------------------------------|
|            | if the plan provides pension benefits, enter the applicable pension feature (<br>A 2E 3D  | CODES ILOUS THE LT:                      | at of Pian Chars          | Cleria        | alie Co        | ues in i                              | itiā li iātinom                     | J. 10.                            |
|            | If the plan provides welfare benefits, enter the applicable walfare feature of  | codes from the Lis                       | t of Plan Cherec          | ete ris       | ic Coc         | ies in ti                             | he instructio                       | ns;                               |
|            |   |  |                           |               |                |                                       |                                     |                                   |
| Pan        | Compilance Questions  |  |                           |               |                |                                       |                                     |                                   |
| 10         | During the plan year:   |  |                           |               | Yes            | No                                    | ,                                   | Amount                            |
|            | Was there a fallure to transmit to the plan any participant contributions will 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Cr  |  |                           | 10a           |                | х                                     |                                     |                                   |
| ь          | Were there any nonexempt transactions with any party-in-interest? (Do no on line 10s.)  | ot In <b>clude transac</b> i             | betroger and              | 10b           |                | х                                     |                                     |                                   |
| Ċ          | Was the plan covered by a fidelity bond?  |  |                           | 10c           | 1              | Х                                     |                                     |                                   |
| d          | Did the plan have a loss, whether or not reimbursed by the plan's fidelity in dishonesty?   | bond, that was ca                        | used by fraud             | 10d           |                | х                                     |                                     |                                   |
| •          | Were any fees or commissions paid to any brokers, agents, or other persinsurance service or other organization that provides some or all of the be instructions.)                                       | one by an Insuran<br>enefits under the p | ce cerrier,<br>plan? (Sec | 10e           |                | ×                                     |                                     | -                                 |
| f          | Has the plan falled to provide any benefit when due under the plan?   |  |                           | 101           |                | ×                                     |                                     |                                   |
| _          | ·   |  |                           |               | <u> </u>       | ×                                     |                                     |                                   |
| 9          | Did the plan have any participant loans? (If "Yea," enter amount as of yea  | ·  |                           | 10g           | _              | ļ                                     | CONTRACTOR OF THE PARTY OF          |                                   |
| ħ          | If this is an Individual account plan, was there a blackout period? (See Ins. 2520.101-3.)  |  |                           | 10h           |                | ×                                     | 900 - 300<br>900 - 300<br>900 - 300 |                                   |
| <u> </u>   | If 10h was answered "Yes," chack the box if you either provided the requiexceptions to providing the notice applied under 29 CFR 2520.101-3   |  |                           | 101           |                |                                       |                                     |                                   |
| art        | Pension Funding Compliance  |  |                           |               |                |                                       |                                     |                                   |
| 11         | is this a defined benefit plan subject to minimum funding requirements? (   |  |                           |               |                |                                       |                                     | ∏ Yes 🎮 N                         |
|            | 5500)   |  |                           |               | .,,,,          |                                       |                                     |                                   |
| 12         | is this a defined contribution plan subject to the minimum funding require  | ments of section                         | 412 of the Code           | or se         | ction          | 302 of                                | ERIŞA?                              | Yes 🔼 N                           |
|            | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  |  |                           |               |                |                                       |                                     |                                   |
| a          | if a waiver of the minimum funding standard for a prior year is being among   | rtized in this plan                      | year, see instru          | ctions        | , and          | enter ti                              | ne date of th                       | ne letter ruling                  |
|            | granting the waiver   |  |                           | ıtn           |                | Day                                   |                                     | T ear                             |
|            |   |  |                           |               | Г              | 12b                                   | T                                   |                                   |
|            | Enter the minimum required contribution for this plan year  |  |                           |               |                |                                       | ļ                                   | <del></del>                       |
|            | Enter the amount contributed by the employer to the plan for this plan yes  |  |                           |               |                | 126                                   | <u> </u>                            |                                   |
| d          | Subtract the amount in line 12c from the amount in line 12b. Enter the res  |  |                           |               | [              | 12d                                   |                                     | <del></del>                       |
| •          | Will the minimum funding amount reported on line 12d be met by the fund   | ding dezdline?                           |                           |               |                |                                       | Yes                                 | No N/                             |
|            | Plan Terminations and Transfers of Assets   |  |                           |               |                | _                                     |                                     |                                   |
| 13a        | Has a resolution to terminate the plan been adopted during the plan year  | or any prior year                        | ?                         |               | <br>           | ******                                |                                     | Yes X                             |
|            | If "Yes," enter the amount of any plan assets that reverted to the employe  | er this year                             |                           |               |                | 13 <b>a</b>                           |                                     |                                   |
| b          | Were all the pian assets distributed to participants or beneficiaries, transf<br>of the PBGC?   |  |                           |               |                |                                       |                                     | Yes 🖺 N                           |
| C          | if during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See Instructions.)  | s plan to an <del>other</del> p          | ilan(s), identify t       | he pl         | an(s) t        | · · · · · · · · · · · · · · · · · · · |                                     |                                   |
|            | 13c(1) Name of plan(s):   |  |                           | 1_            | 1              | 3¢(2) E                               | IN(s)                               | 13c(3) PN(s                       |
|            |   |  |                           |               |                |                                       |                                     |                                   |
|            |   |  |                           | <del> </del>  |                |                                       |                                     | +                                 |
|            |   |  |                           |               |                |                                       |                                     |                                   |
| Car        | tion: A penalty for the late or incomplete filing of this return/report wi  | III be assessed u                        | niess reasonat            |               | uee k          | s estat                               | ilshed.                             |                                   |
| Und<br>SB  | er penalties of perjury and other penalties set forth in the instructions, i det<br>or Schedule MB completed and signed by an enrolled actuary, as well as the<br>of, it is true, correst and complete. | clare that I have e                      | xamined this ref          | turn/r        | sport,         | includi                               | ng, if applic                       | able, a Schedule<br>knowledge and |
| æ.         |   |  |                           | _             |                |                                       |                                     |                                   |
|            |   | - a/1/11                                 |                           |               | ala ser li i i |                                       |                                     |                                   |
| HE         |   | ate 9/6/11                               | Enter name of             | <u>INCIVI</u> | qual el        | gning                                 | as plan adm                         | ILLIETTATO!                       |
| <b>#</b> ) |   |  |                           |               |                | ·                                     |                                     |                                   |
|            | Signature of employer/plan sponsor Da   | ate                                      | Enter name of             | Indivi        | dual s         | igning :                              | <u>as employê</u>                   | r <u>or pian spons</u> or         |