Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1980

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
TIGHITCO, INC.

CORP. BENEFITS OFFICE

8307 UNIV. EXEC. PK. DR., STE. 290
CHARLOTTE, NC 28262

2b Employer Identification Number (EIN) 57-0934530

2c Sponsor's telephone number 704-510-2237

2d Business code (see instructions) 339900

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 accompanying schedules, statements and attachments, 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.	09/16/2011	THOMAS PLATTE
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

TIGHITCO, INC.
CORP. BENEFITS OFFICE
8307 UNIV. EXEC. PK. DR., STE. 290
CHARLOTTE, NC 28262

3b Administrator's EIN: 57-0934530

3c Administrator's telephone number: 704-510-2237

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	108
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	44
b	Retired or separated participants receiving benefits	**6b**	37
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	107
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	108
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TIGHITCO, INC.

D Employer Identification Number (EIN)
57-0934530

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2 Assets:

a	Market value	**2a**	1417762
b	Actuarial value	**2b**	1449165

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	38	740546
b	For terminated vested participants	**3b**	20	218409
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		16217
	(2) Vested benefits	**3c(2)**		638597
	(3) Total active	**3c(3)**	50	654814
d	Total	**3d**	108	1613769

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	
5	Effective interest rate	**5**	6.67 %
6	Target normal cost	**6**	24281

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

JOHN W. BURGETT

Date
11-02632

Type or print name of actuary

BPS&M, LLC

Most recent enrollment number
804-267-3100

Firm name

9020 STONY POINT PKWY, SUITE 200
RICHMOND, VA 23235

Address of the firm

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	38403	98115
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	38403	98115
10	Interest on item 9 using prior year's actual return of 32.98 %	12665	32358
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 6.49 %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections	51068	19684
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	110789

Part III Funding percentages

14	Funding target attainment percentage	14	82.93 %
15	Adjusted funding target attainment percentage	15	82.47 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	66.94 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2010	9703				
04/15/2010	26712				
07/15/2010	26712				
10/12/2010	26712				
01/12/2011	26712				
09/08/2011	888922				
			Totals ► 18(b)	1005473	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	909392

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29**

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 24281

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	210843	44497
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33** 0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 68778

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35) **36** 68778

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 909392

38 Interest-adjusted excess contributions for current year (see instructions) **38** 840614

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
TIGHITCO, INC.

D Employer Identification Number (EIN)
57-0934530

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK N.A.

1525 WEST W.T. HARRIS BLVD, 3C5
CHARLOTTE, NC 28288

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
15 21 27 28 49 99	PLAN RECORDKEEPER	12059	Yes [X] No [ ]	Yes [X] No [ ]	842	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
TIGHITCO, INC.

D Employer Identification Number (EIN)
57-0934530

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	119946	55167
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	58828	915634
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1250455	1563985
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1429229	2534786
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1429229	2534786

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	995770	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		995770
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	27292	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		27292
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	161910	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		161910
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12167
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1197139
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	79007	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		79007
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	12575	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		12575
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		91582
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1105557
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HOBBS GROUP P.A. (2) EIN: 57-0957419

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
TIGHITCO, INC.

D Employer Identification Number (EIN)
57-0934530

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

AUDITED FINANCIAL STATEMENTS
and
SUPPLEMENTAL SCHEUDLES

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

December 31, 2010

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December 31, 2010

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Schedule H, Line 4j – Schedule of Reportable Transactions - 2010 14

Schedule H, Line 4j – Schedule of Reportable Transactions - 2009 16

1704 Laurel Street
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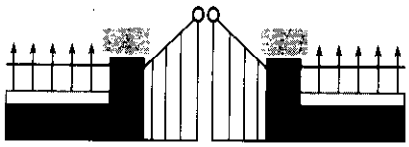
Columbia, SC 29202



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INDEPENDENT AUDITORS' REPORT

To the Plan Committee
Retirement Plan For The Hourly Paid Employees of TIGHITCO, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits and of accumulated plan benefits of the Retirement Plan For Hourly Paid Employees of TIGHITCO, Inc.(*"the Plan"*) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended and the supplemental schedules of (1) Schedule H, line 4i-Schedule of Assets (Held At End of Year), and (2) Schedule H, line 4j-Schedule of Reportable Transactions as of or for the years ended December 31, 2010 and 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Wells Fargo Bank, N.A. ,the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Wells Fargo Bank, N.A. held the Plan's investment assets and executed investment transactions from June 1, 2010 to December 31, 2010, and that Wachovia Bank, N.A. (A Wells Fargo Company) held the Plan's investment assets and executed investment transactions as of December 31, 2009 and for the period January 1, 2010 to May 31, 2010. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Columbia, South Carolina
September 9, 2011

The Hobbs Group, P.A.

AUDITED FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

	December 31, 2010	2009 As Restated
ASSETS		
Investments, at fair value	$ 1,619,152	$ 1,367,571
Employer contribution receivable	915,634	58,828
Accrued dividends		2,829
	915,634	61,657
TOTAL ASSETS	2,534,786	1,429,228
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,534,786	$ 1,429,228

The accompanying notes are an integral part of the financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

	For the Years Ended December 31, 2010	2009 As Restated
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income:		
Net appreciation in fair value of investments	$ 174,077	$ 296,657
Interest and dividends	27,293	37,028
	201,370	333,685
Contributions:		
Employer's	995,771	113,521
TOTAL ADDITIONS	1,197,141	447,206
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	79,009	80,592
Administrative expenses	12,575	9,550
TOTAL DEDUCTIONS	91,584	90,142
NET INCREASE	1,105,557	357,064
Net assets available for benefits at beginning of year	1,429,228	1,072,164
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 2,534,785	$ 1,429,228

The accompanying notes are an integral part of the financial statements.

STATEMENTS OF ACCUMULATED PLAN BENEFITS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

	December 31, 2010	December 31, 2009
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested Benefits:		
Participants currently receiving payments	$ 655,017	$ 671,284
Other participants	786,558	716,990
	1,441,575	1,388,274
Nonvested Benefits	15,005	15,595
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 1,456,580	$ 1,403,869

The accompanying notes are an integral part of the financial statements.

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

	For the Years Ended December 31, 2010	2009
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$ 1,403,869	$ 1,275,159
Increase (Decrease) during the year attributable to:		
Benefits accumulated and actuarial (gain)/loss	22,510	110,451
Increase for interest due to decrease in discount period	109,210	98,851
Benefits paid	(79,009)	(80,592)
Net Increase	52,711	128,710
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	$ 1,456,580	$ 1,403,869

The accompanying notes are an integral part of the financial statements.

NOTES TO THE FINANCIAL STATEMENTS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
December 31, 2010

NOTE A -- DESCRIPTION OF THE PLAN

The Retirement Plan For Hourly Paid Employees of TIGHITCO, Inc. (*"the Plan"*) is a non-contributory defined benefit plan that covers substantially all hourly employees of TIGHITCO, Inc. (*"the Company"*) who are represented by the Glass Molders, Pottery, Plastics and Allied Workers International Union AFL-CIO, CLC, Local 204, and provides for retirement, death and disability benefits. In April 2000, the Plan was amended to disallow any new enrollment for employees hired after April 1, 2000 or current employees not previously enrolled in the Plan.

The Plan's assets are maintained in a trust established under the Plan. The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (*"ERISA"*), as amended.

Under the provisions of the Plan, the Employer is required to make quarterly contributions to the Plan in actuarially determined amounts sufficient to meet the minimum funding requirements as established by ERISA. The Company's funding policy is to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the past service cost plus interest over projected service. The Plan has met the ERISA minimum funding requirements. Participants are 100% vested after completing five continuous years of service. During 2010 the Plan sponsor decided to fully fund the plan. This contribution will be made in 2011 and is considered a receivable at year end.

On termination of service, the standard form of payment for a single participant is a life annuity. For a participant who is married at the time of retirement benefits, the standard form of payment is a qualified 50% joint and survivor annuity. Other optional forms of payment for married participants include 100% or 75% joint and survivor annuity, life annuity, or lump sum distribution.

Effective January 1, 2006 the Plan was amended to change the mandatory lump sum benefit be paid without the need for consent from the participant or participant spouse if the actuarial equivalent value of the benefit payable does not exceed $5,000. In the event of a mandatory distribution that is greater than $1,000, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, the plan administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the plan administrator.

Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (*"PBGC"*) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are based on employees' compensation during their last five years of credited service. The accumulated Plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from the Bryan, Pendleton, Swats & McAllister, LLC and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2010 and 2009 were (a) life expectancy of participants (the 2009 Optional Small Plan Mortality Table was used), (b) retirement age assumptions (the assumed average retirement age was 65), (c) investment return and (d) actuarial cost method is the unit credit. The 2010 and 2009 valuations included assumed average rates of return of 8 percent for both years. The foregoing actuarial assumptions are based on the presumption that the plan will continue. Were the plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Subsequent Events: The plan has evaluated subsequent events through September 9, 2011, the date the financial statements were available to be issued.

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Payment of Benefits: Benefits are recorded when paid.

Reclassifications: Certain reclassifications have been made to the 2009 balances to conform to the 2010 presentation. The presentation of the actuarial information has moved from the notes to the financial statements to the statements of accumulated plan benefits and changes in accumulated plan benefits.

NOTE C--TRUSTEE INVESTMENT CHANGES

During 2010 the Trustees of the Plan approved the merger of the Wells Fargo Advantage Funds and the Evergreen Fund families and proposed a new fund lineup that would be branded under the Wells Fargo Advantage Funds name. The following fund names for the Plan have changed from the prior year audit:

PRIOR YEAR FUND NAME	CURRENT YEAR FUND NAME
Evergreen Money Market Fund	Wells Fargo Adv Money Market Fund
Evergreen Strategic Growth Fund	Wells Fargo Adv Strategic Large Cap Growth Fund
Evergreen Discipline Value Fund	Wells Fargo Adv Discipline Value Fund
Evergreen International Equity Fund	Wells Fargo Adv International Equity Fund

The prior year information has been presented with the new fund names for comparison purposes.

NOTE D -- INFORMATION CERTIFIED BY THE PLAN TRUSTEE (UNAUDITED)

In accordance with Section 103(a)(2) of ERISA, the Trustee has certified that the information included in the financial statements and supplemental schedules is complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	December 31, 2010	December 31, 2009
Money Market Fund	$ 55,167	$ 117,116
Investments:		
Dreyfus Small Cap Equity Fund	112,117	98,225
Wells Fargo Adv Disciplined Value Fund		137,859
Loomis Sayles Strategic Income Fund		412,297
Alger Fund Small Cap & Midcap Growth Fund	115,603	99,414
Thornburg International Value Fund	161,791	136,210
Lazard Emerging Markets Portfolio Retail	154,856	129,295
Natixis Loomis Say Str Inc	305,715	
Pimco Total Return Fund	275,880	
Wells Fargo Adv Int'l Equity Fund	114,342	97,294
Wells Fargo Adv Intrinsic Value Fund	161,484	
Wells Fargo Adv Strategic Large Cap Growth Fund	162,196	139,861
	1,563,984	1,250,455
	$ 1,619,151	$ 1,367,571

NOTE E -- INVESTMENTS

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

	December 31, 2010	2009
Dreyfus Small Cap Equity Fund	112,117	98,225
Wells Fargo Disciplined Value Fund	*	137,859
Loomis Sayles Strategic Income Fund	*	412,297
Alger Fund Small Cap & Midcap Growth Fund	115,603	99,414
Thornburg International Value Fund	161,791	136,210
Lazard Emerging Markets Portfolio Retail	154,856	129,295
Natixis Loomis Say Str Inc	305,715	*
Pimco total Return Fund	275,880	*
Wells Fargo Adv Int'l Equity Fund	114,342	97,294
Wells Fargo Adv Intrinsic Value Fund	161,484	*
Wells Fargo Adv Strategic Large Cap Growth Fund	162,196	139,861
	$ 1,563,984	$ 1,250,455

* Did not represent 5% or more of the Plan's Net Assets for that year

During 2010 and 2009, the Plan's investments, which are made up of only mutual funds,(including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $174,077 and $296,657, respectively.

NOTE F -- FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

NOTE F -- FAIR VALUE MEASUREMENTS - Continued

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2010 and 2009.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Fixed income funds	$ 581,595			$ 581,595
Equity funds	982,389			982,389
Total investments at fair value	$ 1,563,984	$ 0	$ 0	$ 1,563,984

NOTE F -- FAIR VALUE MEASUREMENTS - Continued

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Fixed income funds	$ 412,298			$ 412,298
Equity funds	838,157			838,157
Total investments at fair value	$ 1,250,455	$ 0	$ 0	$ 1,250,455

NOTE G -- RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE H -- INCOME TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated January 24, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Subsequent to year end the Plan was restated to comply with the 2001 tax law, The Economic Growth and Tax Relief and Reconciliation Act. A new determination letter will be received once it is approved by the Internal Revenue Service.

NOTE I – PRIOR YEAR RESTATEMENT

The financial statements have been restated for an error in the calculation of the prior year employer contribution receivable. The receivables at December 31, 2009 were understated by approximately $9,300.

SUPPLEMENTAL SCHEDULES

Schedule H, Line 4i
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

Plan Number: 004

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2010

(a)	(b) Identity of Issuer, Borrower Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund:			
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Money Market Fund	$ 55,167	$ 55,167
	Mutual Funds:			
*	Wells Fargo Bank, N.A.	Alger Fund Small and Midcap Growth Fund	102,925	115,603
*	Wells Fargo Bank, N.A.	Dreyfus Small Cap Equity Fund	106,311	112,117
*	Wells Fargo Bank, N.A.	Lazard Emerging Markets Portfolio Retail	125,500	154,856
*	Wells Fargo Bank, N.A.	Loomis Syales Strategic Income Fund	278,264	305,715
*	Wells Fargo Bank, N.A.	Pimco Total Return Fund	280,204	275,880
*	Wells Fargo Bank, N.A.	Thornburg International Value Fund	132,472	161,791
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Int'l Equity Fund	116,706	114,342
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Intrinsic Value Fund	138,200	161,484
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Strategic Large Cap Growth Fund	135,743	162,196
			1,416,325	1,563,984
			$ 1,471,492	$ 1,619,151

* Indicates party-in-interest to the Plan

Schedule H, Line 4i
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
EIN: 57-0834597
Plan Number: 004

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2009

(a)	(b) Identity of Issuer, Borrower Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund:			
*	Wachovia Bank, N.A.	Evergreen Money Market Fund	$ 117,116	$ 117,116
	Mutual Funds:			
*	Wachovia Bank, N.A.	Alger Fund Small and Midcap Growth Fund	109,133	99,414
*	Wachovia Bank, N.A.	Dreyfus Small Cap Equity Fund	110,783	98,225
*	Wachovia Bank, N.A.	Evergreen Equity TR Disciplined Value Fund Cl I	162,865	137,859
*	Wachovia Bank, N.A.	Evergreen International Equity Fund Cl I	113,818	97,294
*	Wachovia Bank, N.A.	Evergreen Strategic Growth Fund Cl I	138,347	139,861
*	Wachovia Bank, N.A.	Lazard Emerging Markets Portfolio Retail	126,973	129,295
*	Wachovia Bank, N.A.	Loomis Sayles Strategic Income Fund	396,667	412,297
*	Wachovia Bank, N.A.	Thornburg International Value Fund	125,628	136,210
			1,284,214	1,250,455
			$ 1,401,330	$ 1,367,571

* Indicates party-in-interest to the Plan

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
EIN: 57-0834597
Plan Number: 004

SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2010

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset Including Interest Rate and Maturity In Case of a Loan	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wells Fargo Bank, N.A.	Wells Fargo Adv Money Market Fund					
	Purchases	$ 187,480		$ 187,480	$ 187,480	
	Sales		$ 140,367	140,367	140,367	$ 0
Wells Fargo Bank, N.A.	Loomis Sayles Strategic Income Fund					
	Purchases	7,983		7,983	7,983	
	Sales		172,580	165,240	172,580	7,340
Wells Fargo Bank, N.A.	Evergreen Equity TR Intrinisic Value Fd					
	Purchases	136,580		136,580	136,580	
	Sales					0
Wells Fargo Bank, N.A.	Pimco Total Return Fund					
	Purchases	233,465		233,465	233,465	
	Sales					0
Wells Fargo Bank, N.A.	Evergreen Equity TR Disciplined Value Fd					
	Sales		136,267	162,865	136,267	(26,598)

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2010.

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
EIN: 57-0834597
Plan Number: 004

SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity In Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wachovia Bank, N.A.	Evergreen Money Market Fund Cl I					
	Purchases	$ 235,732		$ 235,732	$ 235,732	
	Sales		$ 124,332	124,332	124,332	$ 0
Wachovia Bank, N.A.	Loomis Sayles Strategic Income Fund					
	Purchases	127,846		127,846	211,332	
	Sales		115,900	146,354	115,900	(30,454)
Wachovia Bank, N.A.	Evergreen Strategic Growth Fund					
	Purchases	24,287		30,087	30,096	
	Sales		48,700	52,243	42,900	(9,343)
Wachovia Bank, N.A.	Evergreen Equity TR Disciplined Value Fund					
	Purchases	41,817		41,817	41,828	
	Sales		40,200	60,656	40,200	(20,456)

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2009.

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
EIN: 57-0834597
Plan Number: 004

SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity In Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wachovia Bank, N.A.	Dreyfus Midcap Index Fd					
	Purchases	$ 13,502		$ 13,502	$ 13,502	
	Sales		$ 85,058	93,424	85,058	$ (8,366)
Wachovia Bank, N.A.	Evergreen International Equity Fund					
	Purchases	42,542		42,542	42,551	
	Sales		127,900	166,299	127,900	(38,399)
Wachovia Bank, N.A.	Lazard Emerging Mkts Protfolio Retail					
	Purchases	40,028		40,029	40,028	
	Sales		37,900	62,133	37,900	(24,233)
Wachovia Bank, N.A.	Thornburg International Value Fd					
	Purchases	125,628		125,628	125,628	
	Sales					0

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2009.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Ret Plan for Hourly Paid Ees of TIGHITCo, Inc.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

TIGHITCO, Inc.

D Employer Identification Number (EIN)

57-0934530

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2 Assets:

a	Market value	**2a**	1,417,762
b	Actuarial value	**2b**	1,449,165

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	38	740,546
b	For terminated vested participants	**3b**	20	218,409
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		16,217
	(2) Vested benefits	**3c(2)**		638,597
	(3) Total active	**3c(3)**	50	654,814
d	Total	**3d**	108	1,613,769

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	
5	Effective interest rate	**5**	6.67 %
6	Target normal cost	**6**	24,281

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

JWB — Signature of actuary

9/13/2011 — Date

John W. Burgett — Type or print name of actuary

11-02632 — Most recent enrollment number

BPS&M, LLC — Firm name

(804)267-3100 — Telephone number (including area code)

9020 Stony Point Parkway, Suite 200

Richmond VA 23235 — Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	38,403	98,115
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	38,403	98,115
10	Interest on item 9 using prior year's actual return of 32.98 %	12,665	32,358
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.49 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	51,068	19,684
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	110,789

Part III Funding percentages

14	Funding target attainment percentage	14	82.93 %
15	Adjusted funding target attainment percentage	15	82.47 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	66.94 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2010	9,703				
04/15/2010	26,712				
07/15/2010	26,712				
10/12/2010	26,712				
01/12/2011	26,712				
09/08/2011	888,922				
			Totals ▶ 18(b)	1,005,473	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	909,392

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 64

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		24,281
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		210,843	44,497
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**		68,778
		Carryover balance	Prefunding balance / Total balance
35 Balances used to offset funding requirement		0	0 / 0
36 Additional cash requirement (item 34 minus item 35)	**36**		68,778
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**		909,392
38 Interest-adjusted excess contributions for current year (see instructions)	**38**		840,614
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**		0
40 Unpaid minimum required contribution for all years	**40**		0

Actuarial Assumptions and Methods — Section 4.1

A. Actuarial Assumptions

1. Economic assumptions

   a. Interest rates

      i. Accounting (12/31/2009 disclosure and 2010 expense) 5.75%

      ii. FAS35 8.00%

      iii. Funding — The spot segment rates as of September 1, 2009, as described in Internal Revenue Notice 2008-17, were used. The rates are as follows:

First Segment:	5.03%
Second Segment:	6.73%
Third Segment:	6.82%

   b. Return on assets for FAS 87 8.00%

   c. Indexed limits on compensation and benefits for FAS 87 2.50%

2. Demographic and other assumptions

   a. Salary Increases — Not Applicable

   b. Mortality — Funding: the 2009 Optional Small Plan Mortality Table, as described in proposed regulation 1.430(h)(3)-1.

   Accounting: 1994 Group Annuity Reserving Table

   c. Termination — Sample rates are as follows:

Age	Males	Females
25	11.50%	20.00%
35	7.20%	11.20%
40	5.90%	8.50%
45	5.00%	6.90%
55	2.80%	3.10%

   d. Retirement — Rates are according to the following table:

Age	Annual Rates
55 - 61	1%
62	20%
63 - 64	10%
65+	100%

   e. Disability — Sample rates are as follows:

Age	Males	Females
25	0.04%	0.05%
35	0.05%	0.08%
40	0.07%	0.10%
45	0.10%	0.15%
55	0.36%	0.49%
60	0.90%	1.21%

f. Form of payment — All single participants are assumed to elect a single life annuity upon retirement. All married participants are assumed to elect a joint & 50% survivor option upon retirement.

g. Percent Married — 90%

h. Spouse Age — Females assumed to be three years younger than males.

3. Changes in assumptions since the prior valuation

   a. Due to PPA, both the interest rate and mortality had to be changed for funding purposes.

   b. Interest rate – funding: Last year, the spot segment rates as of January 1, 2009 were used. This year, the spot segment rates as of September 1, 2010 were used.

B. Actuarial Methods

1. Actuarial cost method
   a. Funding – Unit credit as described in IRS Revenue Procedure 2000-40
   b. Accounting – Projected unit credit as described under FASB No. 87

2. Asset valuation method
   a. Funding – 2-year smoothing of assets as described in IRS Notice 09-22.
   b. Accounting – 2-year smoothing of assets.

3. Benefits not valued
   All benefits described were valued.

4. Changes in methods since the prior valuation
   None

5. Valuation procedures
   The limitations of Internal Revenue Code Section 415(b) and 401(a) (17) have been incorporated into our calculations. No actuarial liability is included for non-vested participants who terminated employment prior to the valuation date. The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements on the valuation date are included in the valuation of liabilities.

6. Data sources
   Asset data was supplied by Wachovia Bank. The InterTech Group furnished participant data as of January 1, 2010. Data was reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data was not available. We are not aware of any errors or omissions in the data that would have a significant effect on the valuation results.

Summary of Plan Provisions — Section 4.2

This summary has been prepared for valuation purposes only. It summarizes the plan provisions necessary to perform the actuarial valuation.

1. Effective date — January 1, 1980; amended and restated effective January 1, 2001. Latest amendment effective December 29, 2003.

2. Plan year — Calendar year.

3. Covered employees — All hourly employees of TIGHitco, Inc. covered by the collective bargaining agreement become participants immediately upon hire. Effective April 1, 2000, any employee hired on or after April 1, 2000 shall not be eligible to participate in the plan.

4. Definitions

   a. Vesting service — A participant shall receive credit for one year of vesting service for each plan year in which the employee has worked at least 1,000 hours. Partial years of vesting service are credited according to the following table:

Hours	Vesting Service
Less than 145	0
145-289	1/12
290-434	2/12
435-579	3/12
580-724	4/12
725-869	5/12
870-999	6/12
1000 and greater	1

   b. Credited service — A participant shall receive credit for one year of Credited service for each plan year in which the employee has worked at least 1,740 hours. Partial years of credited service are credited according to the following table:

Hours	Credited Service
Less than 145	0
145-289	1/12
290-434	2/12
435-579	3/12
580-724	4/12
725-869	5/12
870-1014	6/12
1,015-1,159	7/12
1,160-1,304	8/12
1,305-1,449	9/12
1,450-1,594	10/12
1,595-1,739	11/12
1,740 and greater	1

   c. Normal retirement date (NRD) — First of month coincident with or next following the later of five years of participation or attainment of age 65.

d. Normal retirement benefit — Monthly benefit equal to Credited service multiplied by the benefit level below:

Retirement on or after	Benefit Level
April 1, 1994	$9.00
April 1, 1997	11.00

e. Accrued benefit — A participant's accrued benefit is equal to the normal retirement benefit accrued as of the date of determination.

f. Pre-retirement spouse benefit — The surviving spouse's benefit required by the Retirement Equity Act, which is the spouse's portion of the 50% Joint and Survivor Annuity that would have been payable had the participant terminated employment on his date of death, survived to his earliest possible retirement date and begun receiving benefits as a 50% Joint and Survivor Annuity. This benefit is payable at the earliest date the participant could have retired under the plan.

5. Eligibility for benefits

a. Normal retirement — Retirement on NRD.

b. Early retirement — Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service.

c. Disability — Age 45 and 10 years of vesting service and permanent and total disability.

d. Deferred vested — Termination for reasons other than death or retirement after completing five years of vesting service.

e. Pre-retirement spouse benefit — Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

6. Monthly benefits paid upon the following events

a. Normal retirement — Monthly pension benefit determined as of NRD.

b. Early retirement — Monthly accrued pension benefit determined as of a participant's early retirement date, actuarially reduced for commencement prior to age 65.

c. Disability — Same as early retirement benefit, with no actuarial reduction.

d. Termination with deferred vested benefits — Monthly accrued pension benefit determined as of the participant's termination date and is payable at age 65.

e. Death with pre-retirement spouse benefit — Monthly pre-retirement spouse benefit is payable at the participant's earliest retirement date.

7. Other provisions

Payment forms — Unmarried participants receive a single life annuity. Married participants receive a 50% joint and survivor annuity. Other available optional payment forms are 50%, 75% and 100% joint & survivor annuities and life annuity.

8. Identification of benefits not included in the valuation

All benefits were included in the valuation.

9. Description of significant events
   There were no significant events.

10. Plan provisions effective after January 1, 2010
    We are not aware of any plan provisions with an effective date after January 1, 2010.

11. Changes in plan provisions since prior year
    None.

Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Age	Percent Retiring	Number Retiring	Number of Participants	Weighted Average
			100.00	
55	1%	1.00	99.00	55
56	1%	0.99	98.01	55
57	1%	0.98	97.03	56
58	1%	0.97	96.06	56
59	1%	0.96	95.10	57
60	1%	0.95	94.15	57
61	1%	0.94	93.21	57
62	20%	18.64	74.57	1,156
63	10%	7.46	67.11	470
64	10%	6.71	60.40	429
65	100%	60.40	0.00	3,926
			Sum =	6,375
			Weighted Average Retirement Age =	64

Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004
Schedule SB, Line 32 - Schedule of Amortization Bases

Type	Present Value of Remaining Installments	Date Established	Years Remaining	Annual Installment
Shortfall	416,856	01/01/2009	6	79,167
Shortfall	(34,670)	01/01/2010	7	(34,670)
Total	**382,186**			**44,497**

Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004
Schedule SB, Line 19 - Discounted Employer Contributions

Date	For Plan Year	Amount of Contribution	Effective Interest Rate	Discounted Contribution
01/15/2010	2010	9,703	6.67%	9,679
04/15/2010	2010	26,712	6.67%	26,225
07/15/2010	2010	26,712	6.67%	25,806
10/12/2010	2010	26,712	6.67%	25,403
01/12/2011	2010	26,712	6.67%	24,993
09/08/2011	2010	888,922	6.67%	797,286
Total		**1,005,473**		**909,392**

Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004
Schedule SB, Line 25 - Change in Method

Effective January 1, 2010, the funding interest rates were changed from the segment rates with no look-back to the the segment rates with a 4-month look-back.

Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004
Schedule SB, Line 25 - Change in Method

Effective January 1, 2010, the funding interest rates were changed from the segment rates with no look-back to the the segment rates with a 4-month look-back.

Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004
Schedule SB, Line 26 - Schedule of Active Participant Data

	Years of Credited Service										
Age	**0-1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
< 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	2	0	0	0	0	0	0	2
35-39	0	0	0	4	0	0	0	0	0	0	4
40-44	0	0	1	5	0	0	0	0	0	0	6
45-49	0	0	0	7	3	3	1	0	0	0	14
50-54	0	0	1	3	0	3	1	0	0	0	8
55-59	0	0	0	6	0	2	1	2	0	0	11
60-64	0	0	0	0	0	0	0	0	1	2	3
65-69	0	0	0	0	0	0	0	0	2	0	2
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	2	27	3	8	3	2	3	2	50

SUPPLEMENTAL SCHEDULES

Schedule H, Line 4i
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

Plan Number: 004

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2010

(a)	(b) Identity of Issuer, Borrower Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund:			
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Money Market Fund	$ 55,167	$ 55,167
	Mutual Funds:			
*	Wells Fargo Bank, N.A.	Alger Fund Small and Midcap Growth Fund	102,925	115,603
*	Wells Fargo Bank, N.A.	Dreyfus Small Cap Equity Fund	106,311	112,117
*	Wells Fargo Bank, N.A.	Lazard Emerging Markets Portfolio Retail	125,500	154,856
*	Wells Fargo Bank, N.A.	Loomis Syales Strategic Income Fund	278,264	305,715
*	Wells Fargo Bank, N.A.	Pimco Total Return Fund	280,204	275,880
*	Wells Fargo Bank, N.A.	Thornburg International Value Fund	132,472	161,791
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Int'l Equity Fund	116,706	114,342
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Intrinsic Value Fund	138,200	161,484
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Strategic Large Cap Growth Fund	135,743	162,196
			1,416,325	1,563,984
			$ 1,471,492	$ 1,619,151

* Indicates party-in-interest to the Plan

Schedule H, Line 4i
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
EIN: 57-0834597
Plan Number: 004

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2009

(a)	(b) Identity of Issuer, Borrower Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund:			
*	Wachovia Bank, N.A.	Evergreen Money Market Fund	$ 117,116	$ 117,116
	Mutual Funds:			
*	Wachovia Bank, N.A.	Alger Fund Small and Midcap Growth Fund	109,133	99,414
*	Wachovia Bank, N.A.	Dreyfus Small Cap Equity Fund	110,783	98,225
*	Wachovia Bank, N.A.	Evergreen Equity TR Disciplined Value Fund Cl I	162,865	137,859
*	Wachovia Bank, N.A.	Evergreen International Equity Fund Cl I	113,818	97,294
*	Wachovia Bank, N.A.	Evergreen Strategic Growth Fund Cl I	138,347	139,861
*	Wachovia Bank, N.A.	Lazard Emerging Markets Portfolio Retail	126,973	129,295
*	Wachovia Bank, N.A.	Loomis Sayles Strategic Income Fund	396,667	412,297
*	Wachovia Bank, N.A.	Thornburg International Value Fund	125,628	136,210
			1,284,214	1,250,455
			$ 1,401,330	$ 1,367,571

* Indicates party-in-interest to the Plan

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
EIN: 57-0834597
Plan Number: 004

SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2010

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset Including Interest Rate and Maturity In Case of a Loan	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wells Fargo Bank, N.A.	Wells Fargo Adv Money Market Fund					
	Purchases	$ 187,480		$ 187,480	$ 187,480	
	Sales		$ 140,367	140,367	140,367	$ 0
Wells Fargo Bank, N.A.	Loomis Sayles Strategic Income Fund					
	Purchases	7,983		7,983	7,983	
	Sales		172,580	165,240	172,580	7,340
Wells Fargo Bank, N.A.	Evergreen Equity TR Intrinisic Value Fd					
	Purchases	136,580		136,580	136,580	
	Sales					0
Wells Fargo Bank, N.A.	Pimco Total Return Fund					
	Purchases	233,465		233,465	233,465	
	Sales					0
Wells Fargo Bank, N.A.	Evergreen Equity TR Disciplined Value Fd					
	Sales		136,267	162,865	136,267	(26,598)

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2010.

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
EIN: 57-0834597
Plan Number: 004

SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity In Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wachovia Bank, N.A.	Evergreen Money Market Fund Cl I					
	Purchases	$ 235,732		$ 235,732	$ 235,732	
	Sales		$ 124,332	124,332	124,332	$ 0
Wachovia Bank, N.A.	Loomis Sayles Strategic Income Fund					
	Purchases	127,846		127,846	211,332	
	Sales		115,900	146,354	115,900	(30,454)
Wachovia Bank, N.A.	Evergreen Strategic Growth Fund					
	Purchases	24,287		30,087	30,096	
	Sales		48,700	52,243	42,900	(9,343)
Wachovia Bank, N.A.	Evergreen Equity TR Disciplined Value Fund					
	Purchases	41,817		41,817	41,828	
	Sales		40,200	60,656	40,200	(20,456)

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2009.

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
EIN: 57-0834597
Plan Number: 004

SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity In Case of a Loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wachovia Bank, N.A.	Dreyfus Midcap Index Fd					
	Purchases	$ 13,502		$ 13,502	$ 13,502	
	Sales		$ 85,058	93,424	85,058	$ (8,366)
Wachovia Bank, N.A.	Evergreen International Equity Fund					
	Purchases	42,542		42,542	42,551	
	Sales		127,900	166,299	127,900	(38,399)
Wachovia Bank, N.A.	Lazard Emerging Mkts Protfolio Retail					
	Purchases	40,028		40,029	40,028	
	Sales		37,900	62,133	37,900	(24,233)
Wachovia Bank, N.A.	Thornburg International Value Fd					
	Purchases	125,628		125,628	125,628	
	Sales					0

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2009.

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions)	B	Filer's identifying number (see instructions)
	TIGHITCO, Inc.		Employer identification number (EIN) 57-0934530
	Number, street, and room or suite no. (If a P.O. box, see instructions) 8307 Univ. Exec. Park Dr. Ste 290		Social security number (SSN) (see instructions)
	City or town, state, and ZIP code Charlotte, NC 28262		

C	Plan name	Plan number	Plan year ending— MM	DD	YYYY
1	Retirement Plan for Hourly Employees of TIGHITCO, Inc.	004	12	31	2010
2					
3					

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 I request an extension of time until 10/15/2011 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until ____/____/____ to file Form 8955-SSA (see instructions).
Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

3 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

4 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date** ▶