## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information	10		10/01/	0040		
For	calendar plan year 2010 or fiscal plan year beginning 01/01/20	_	and ending	12/31/	2010 		
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participa	int plan	
В	This return/report is for:	final retur	n/report				
	an amended return/report	short plar	year return/report (less than 12 m	onths)			
С	Check box if filing under:	automatio	extension		DFVC progra	am	
	special extension (enter descripti	ion)					
Pa	irt II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan			1b	Three-digit		
J. NO	DEL LAMA, MD, PA 401K PROFIT SHARING PLAN				plan number	001	
				10	(PN) Feffective date o	f plan	
				10	01/01/2		
2a	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identi	fication Number	
J. NO	DEL LAMA, MD, PA			_	(EIN) 59-320		
101.9	S. DIXIE DR.			2c	Plan sponsor's t	telephone number	
	ES CITY, FL 33844			2d	Business code (		
					621111	(dod motraduono)	
3a	Plan administrator's name and address (if same as Plan sponsor, open LAMA, MD, PA		2")	3b	Administrator's 59-320		
J. INC	HAINES CIT		4	30			
				30	863-42	telephone number 1-1190	
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Spons	or's name		40	PN		
52	Total number of participants at the beginning of the plan year				PN T	5	
	5a Total number of participants at the beginning of the plan year				3		
	<ul> <li>Total number of participants at the end of the plan year</li> <li>Total number of participants with account balances as of the end of the plan year (defined benefit plans do not</li> </ul>					6	
С	complete this item)			. 5c		2	
6a	Were all of the plan's assets during the plan year invested in eligil	ble assets?	(See instructions.)			X Yes No	
b	Are you claiming a waiver of the annual examination and report of						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		, , , , , , , , , , , , , , , , , , ,			Yes   No	
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	-orm 5500-	or and must instead use Form 5	500.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
a	Total plan assets	7a	508	53	(2) 2114	96666	
b	Total plan liabilities			0			
С	Net plan assets (subtract line 7b from line 7a)		508	53		96666	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	Γotal	
а	Contributions received or receivable from:		92	20			
	(1) Employers	` `					
	(2) Participants	` '	295	04			
	(3) Others (including rollovers)	, ,	70	1.4			
b	Other income (loss)		70	11		45813	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				45613	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, fees, commissions)						
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					0	
i	Net income (loss) (subtract line 8h from line 8c)					45813	
i	Transfers to (from) the plan (see instructions)						

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

		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

	ii the plan provides wellare bene	nts, enter the applicable wellare readile codes from the cist of Flair Chara	Cleris		263 111	ine manu	cuoris.		
art	t V Compliance Question	ons							
0	During the plan year:		Yes	No	Amour		unt	ınt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								20064
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X				
С	Was the plan covered by a fide	lity bond?	10c	Χ					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)				X				
f	Has the plan failed to provide a	ny benefit when due under the plan?	10f		X				
g	Did the plan have any participar	nt loans? (If "Yes," enter amount as of year end.)	10g		X				
h		f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			X				
i		ck the box if you either provided the required notice or one of the ce applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Co	ompliance							
1		eject to minimum funding requirements? (If "Yes," see instructions and com					. []	Yes	X No
2	Is this a defined contribution pla	an subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	. []	Yes	X No
	(If "Yes," complete 12a or 12b,	2c, 12d, and 12e below, as applicable.)							
	granting the waiver	ng standard for a prior year is being amortized in this plan year, see instruc							ing 
lf y	you completed line 12a, comple	ete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		I			
b	Enter the minimum required con	tribution for this plan year			12b				
	-	the employer to the plan for this plan year			12c				
d		from the amount in line 12b. Enter the result (enter a minus sign to the left			12d				
е	Will the minimum funding amou	nt reported on line 12d be met by the funding deadline?				Yes	No	0	N/A
art	VII Plan Terminations	and Transfers of Assets							
3а	Has a resolution to terminate the	e plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any	plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No		
С	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.)								
1	13c(1) Name of plan(s):				3c(2) EIN(s)		1:	<b>13c(3)</b> PN	
						, ,		•	, ,
Cauti	tion: A penalty for the late or in	complete filing of this return/report will be assessed unless reasonab	le cai	ıse is	estahl	ished.			
Jnde SB o	er penalties of perjury and other p	enalties set forth in the instructions, I declare that I have examined this retugned by an enrolled actuary, as well as the electronic version of this return/	ırn/re	ort, in	cludin	g, if applic			

SIGN	Filed with authorized/valid electronic signature.	10/12/2011	JACOBO NOEL LAMA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/12/2011	JACOBO NOEL LAMA
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500	-SF.
P	art I Annual Report Identification Information	
	the calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending	12/31/2010
	This return/report is for: x single-employer plan multiple-employer plan (not multiemployer)	one-participant plan
	This return/report is for:   first return/report   final return/report	
ם		۵)
	H H	· —
C	Check box if filing under:	DFVC program
	special extension (enter description)	
Pa	art II Basic Plan Information enter all requested information.	
1a	Name of plan	1b Three-digit
	J. Noel Lama, MD, PA 401k Profit Sharing Plan	plan number (PN) ▶ 001
		1c Effective date of plan
		01/01/2008
2a	Plan sponsor's name and address (employer, if for single-employer plan)	2b Employer Identification Number
	J. Noel Lama, MD, PA	(EIN) 59-3202437
	101 S. Dixie Dr.	2C Plan sponsor's telephone number (863) 421-1190
		2d Business code (see instructions)
	Haines City FL 33844	621111
3a	Plan administrator's name and address (If same as plan employer, enter "Same")	3b Administrator's EIN
	being	
		3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	4b EIN
	name, EIN and the plan number from the last return/report. Sponsor's Name	4c PN
5a	Total number of participants at the beginning of the plan year	<b>5a</b>   5
b	Total number of participants at the end of the plan year	5b 6
C	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not	
	complete this item)	5c 2
_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	
D		
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	Voc No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	···· ▼Yes □No
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	
7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities  (a) Beginning of Year	(b) End of Year
7 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities  (a) Beginning of Year  Total plan assets	
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7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities  (a) Beginning of Year  Total plan assets  7a 50,853  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  7c 50,853	(b) End of Year 96,666
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  (a) Beginning of Year  7a 50,853  7b 0  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)  Total plan assets (subtract line 7b from line 7a)	(b) End of Year 96,666
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:	(b) End of Year 96,666
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Beginning of Year  7a  50,853  7b  0  (a) Amount  (a) Amount	(b) End of Year 96,666
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7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  Plan Assets (including rollovers)  Ra(2)  Participants  Ra(3)	(b) End of Year 96,666
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities (a) Beginning of Year  Total plan assets	(b) End of Year 96,666 96,666 (b) Total
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7 a b c 8 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	(b) End of Year 96,666 96,666 (b) Total
7 a b c 8 a b cd	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  (4) Beginning of Year  7a  50, 853  7b  0  8a(1)  9,238  8a(1)  9,238  8a(2)  29,564  8b  7,011	(b) End of Year 96,666 96,666 (b) Total
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  (a) Beginning of Year  7a  50,853  7b  0  Asa(1)  8a(1)  9,238  8a(2)  29,564  8a(3)  7,011  8d  Certain deemed and/or corrective distributions (see instructions)	(b) End of Year 96,666 96,666 (b) Total
7 a b c 8 a b c d e f	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  8a(1)  8a(2)  8a(3)  Cother expenses  8a(3)	(b) End of Year 96,666 96,666 (b) Total
7 a b c 8 a b cd effg.	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Int III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  **Total Income (loss)	(b) End of Year 96,666 96,666 (b) Total

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Form 5500-SF 2010			Page 2-					in the state of th
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the a 2B 2G 2J 2K 3D  b If the plan provides welfare benefits, enter the a	4		A CARLES AND A STATE OF		3 44.5			
Part V Compliance Questions		and the second					manusana sa	
10 During the plan year:					Yes No		Amount	
a Was there a failure to transmit to the plan any				10a	ж.		į	20,064
29 CFR 2510.3-102? (See instructions and Di Were there any nonexempt transactions with on line 10a.)			ctions reported	10b	x			
C Was the plan covered by a fidelity bond?	nan saman aktiva na siati		าด เด พัพวาดกาล์เ	10c	*		:	25,000
d Did the plan have a loss, whether or not reimb or dishonesty?	oursed by the plan's fide	elity bond, that was c		10d	X			
Were any fees or commisions paid to any broinsurance services or other organization that p	provides some or all of	the benefits under th	e plan? (See	10e	x			
instructions.)  # Has the plan failed to provide any benefit whe				10f	x			<u> </u>
g Did the plan have any participant loans? (If "Y					x			
h If this is an individual account plan, was there 2520.101-3.}			a a a ramana	10h	x		7	
If 10h was answered "Yes," check the box if you exceptions to providing the notice applied und	ou either provided the r er 29 CFR 2520.101-3	equired notice or on	of the	101				
Part VI Pension Funding Compliance	TITLES LINE RETAINS AND ASSESSMENT OF THE PROPERTY OF THE PROP	:						
12 Is this a defined contribution plan subject to the (If "Yes," complete 12a or 12b, 12c, 12d, and If a waiver of the minimum funding standard for granting the waiver	e minimum funding req 12e below, as applicab or a prior year is being a	uirements of section le.) amortized in this plan	412 of the Code or s	sectio	n 302 of El	RISA?	. []Yes	No RNo
If you completed line 12a, complete lines 3, 9, a			- 1970		F			
<b>b</b> Enter the minimum required contribution for the			ja jariak jariahdia. Kiloni kerenderkensis		12b	<del> </del>		
C Enter the amount contributed by the employer  d Subtract the amount in line 12c from the amount negative amount)	int in line 12b. Enter the	e result (enter a mini		(2.00 ± 10 21.40 €	12d		<u> </u>	
. 6 . Will the minimum funding amount reported on	line 12d be met by the	funding deadline?	orderida variati tärras	и ф		☐Yes_	□No	□N/A
Part VII Plan Terminations and Trans	The state of the s				· · · · · · · · · · · · · · · · · · ·		annumical designation of the second	management of the second
13a Has a resolution to terminate the plan been ad If "Yes," enter the amount of any plan assets to				* * ***;**	13a		. L Yes	X No
b Were all the plan assets distributed to particips of the PBGC?  If during this plan year, any assets or liabilities which assets or liabilities were transferred. (Se	were transferred from	6 C A C A C A C A C A C A C A C			12 C 14 C 14 C 15		Yes	X No
13c(1) Name of plan(s):					13c(2) E	EIN(s)	13c(3	)) PN(s)
				<del></del>	······································			
Caution: A penalty for the late or incomplete filing	of this return/report w	/ill be assessed uni	ess reasonable cau	iso is	establish	ed.	ATC FORE ACCRESSIONATIONS	manufacture experimental properties.
Under penalties of perjury and other penalties set forti SB or Schedule MB completer and signed by an enro pelief, it is true, correct, and/complete.	n in the instructions, I di lied actuary, as well as	eclare that I have ex the electronic versio	amined this return/re n of this return/repor	port, i t, and	ncluding, it to the bes	applicable t of my kno	, a Schedul wiedge and	e  -
SIGN	*	Iololu	Jacobo Noel I	Lama.	andria andria			
HERE Signature of page sommistrator		Date 4	Enter name of indi-	vidual	signing as	plan admi	nistrator	
SIGN		10/10/11	Jacobo Noel I	Lama				
HERE Signature of employen plan sponsor	279; <u>,</u>	Date	Enter name of indi-	vidual	signing as	employer	or plan spor	isor