	Form 5500-SF		eturn/l Benefit	Report of Small Employ	vee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	-		ctions 104 and 4065 of the Employee	`	2	011
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058(Code (the Code).		This Form is	s Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 5500	-SF.	1115	pection
		entification Information				2011	
	calendar plan year 2011 or fisca	al plan year beginning 01/01/201			2/31/2		
	This return/report is for:		•	e-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is:	the first return/report		eturn/report			
-		an amended return/report	•	an year return/report (less than 12 mo	nths)	-	
C	Check box if filing under:	Form 5558		extension		DFVC progra	m
		special extension (enter description	,				
		nation—enter all requested inform	ation		16	There are the h	
	Name of plan	OF WASHINGTON 401(K) PLAN			a	Three-digit plan number	
U.I.I.						(PN) ▶	001
					1c	Effective date of	•
2a	Plan sponsor's name and addre	ess; include room or suite number (e	molover if	for a single-employer plan)	2h	01/01/ Employer Identif	
UNIT	ED STATES ELECTRIC CORP	ORATION OF WASHINGTON	inployer, ii	for a single employer plan	20	(EIN) 13-42	
					2c	Sponsor's telep	hone number
	BOX 87 /IPIA, WA 98507			-	2d	Business code (23821	
	Plan administrator's name and ED STATES ELECTRIC CORPO	address (if same as plan sponsor, e ORATION OF P. O. BOX 87		;")	3b	Administrator's	EIN 24477
	HINGTON	OLYMPIA, W		-	3c	-	elephone number
4		lan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN	
	1	the beginning of the plan year			5a		21
		the end of the plan year			<u>5</u> b		22
		count balances as of the end of the		-	50		
					5c		22
				(See instructions.)			X Yes No
D				ident qualified public accountant (IQP ions.)			X Yes 🗌 No
r			orm 5500-	SF and must instead use Form 550	0.		
	rt III Financial Informa	ation			-		
7	Plan Assets and Liabilities			(a) Beginning of Year 417157	_	(b) End	of Year 469102
a h	•			417137	+		403102
b C	•	b from line 7a)	7b 7c	417157			469102
8	Income, Expenses, and Transf			(a) Amount		(b) T	
a	Contributions received or recei				_	(5) 1	
			. 8a(1)	37846	_		
	(2) Participants		. 8a(2)	55689	_		
-	() ()				_		
_	(<i>'</i>			-19769	_		73766
С С		8a(2), 8a(3), and 8b)	. 8c		_		73700
d		ollovers and insurance premiums	. 8d	18743			
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e	1181			
f	Administrative service provider	s (salaries, fees, commissions)	. 8f	1897			
g	Other expenses		. 8g				
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	. 8h				21821
i	()(e 8h from line 8c)					51945
j	Transfers to (from) the plan (se	ee instructions)	8j				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions								
10	Du	uring the plan year:		Yes	No		Α	moun	t	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х					
С	W	/as the plan covered by a fidelity bond?	10c	Х					3	00000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х					
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		×					
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х						16367
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))						∏ Y€	es	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ye	s	X No
	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction anting the waiver.								
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
b	En	ter the minimum required contribution for this plan year			12b					
С	En	ter the amount contributed by the employer to the plan for this plan year			12c					
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d					
е	Wi	II the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	es	No		N/A
Part	VI	Plan Terminations and Transfers of Assets								
13a	На	is a resolution to terminate the plan been adopted in any plan year?			Y	′es	X No			
		Yes," enter the amount of any plan assets that reverted to the employer this year								
b	We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought t	under	the co					5	
С	lf o	the PBGC? during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th hich assets or liabilities were transferred. (See instructions.)						∐ Y€	es i	X No
1	3c(1) Name of plan(s):		13	c (2) El	N(s)		13c	(3) F	PN(s)
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is	establ	ished				
Unde	er pe	enalties of perjury and other penalties set forth in the instructions. I declare that I have examined this retu	urn/re	oort, in	cludin	g, if ar	plicabl	e. a S	chec	dule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/14/2012	BRADY MALCOLM
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

			of Small Employee	T	OMB Nos. 1210-0110 1210-0089
	Short Form Annual Return/F Benefit	Keport C			2011
Form 5500-SF					
Department of the Treasury Internal Revenue Service	This form is required to be filed under se Retirement Income Security Act of 1974 (ERI the Internal Revenue	SA), and se Code (the	ections 6057(b) and 6058(a) C Code).		s Form is Open to Public Inspection
Department of Labor nployee Benefits Security Administration	Retirement Income Scentry the Internal Revenue Complete all entries in accordance wit formation	h the instru	uctions to the Form 5500-SI	·	
Pension Benefit Guaranty Corporation	Complete all entries in accordance with the second se		and ending	12/3	1/2011
	Identification Information	2011	and one o	aoi	ne-participant plan
art I Annual Report	a multipl	e-employer	plan (not multiemployer)		
This return/report is for:		return/repo	rt	hs)	
This return/report is:	the first return/report a short part of a shor	olan year ret	turn/report (less than 12 mon		VC program
		tic extensio	n		
Check box if filing under:	☐ Form 5558 ☐ 200000000000000000000000000000000000				
	special extension (critering)			1b Thre	e-digit
Part II Basic Plan In	ormation—enter all requested information			plan (PN)	number 001
a Name of plan	TRIC CORP OF WASHINGTON 401(K	.) PLAN		A D Effo	ctive date of plan
NITED STATES ELEC.				01/	01/2004
			i i i i i i i i i i i i i i i i i i i	2b Em	ployer Identification Number
	is stude room or suite number (employed	er, if for a si	ngle-employer plans	(FI	13 - 4224 + 77
2a Plan sponsor's name and UNITED STATES ELECTRIC CORPORT	address; include room or suite number (employe RATION OF WASHINGTON			2c Sp	onsor's telephone number 6 - 391 - 7360
UNITED STATES DEL				20 20	siness code (see instructions)
P. O. BOX 87				23	38210
	WA 98507			3b Ac	Iministrator's EIN
OLYMPIA	ne and address (if same as plan sponsor, enter " ORATION OF WASHINGTON	Same")		1	dministrator's telephone number
3a Plan administrator's nan UNITED STATES ELECTRIC CORP	ORATION OF WASHINGTON			3C A	06-391-7360
			in the opter the	4b E	
OLYMPIA	WA 98507 of the plan sponsor has changed since the last r an number from the last return/report.	return/report	t filed for this plan, enter the		
4 If the name and/or EIN	of the plan sponsor has changed and an number from the last return/report.			4c	21
name, Ein, and the pr				<u>5a</u>	22
a Sponsor's hame	ipants at the beginning of the plan year ipants at the end of the plan year o with account balances as of the end of the plan			<u>5b</u>	22
has of partic	inanis at the one	a voar (detii	160 Demond And	1 30	
f porticinan	S WIIII 0000-				X Yes No
complete this item)	ipants at the end of the plan year of the end of the plan is with account balances as of the end of the plan provide the plan year invested in eligible	assets? (Se	e instructions.)	(IQPA)	X Yes No
b Are you claiming a w	aiver of the annual examination and report of an 104-46? (See instructions on waiver eligibility an lo <u>r</u> to either 6a or 6b, the plan cannot use For Information	m 5500-SF	and must instead use Forr	n 5500.	
under 29 Of Rede	o" to either 6a or 6b, the plan cannot				(b) End of Year 46910
Part III Financia			(a) Beginning of Year	7157	46910
	bilities	7a			46910
a Total plan assets		7b	4	17157	
b Total plan liabilities	btract line 7b from line 7a)	7c	(a) Amount		(b) Total
	btract lifte / D it official			37846	
8 Income, Expenses	, and Transfers for this Plan Year ived or receivable from:	8a(1)		55689	
a Contributions rece	ived or receivable from:	1		55002	
(1) Employers		8a(3)		-19769	
(2) Others (includ	ling rollovers)			10,00	735
h Other income (los	s)	8c			
 Total income (ad) 	Ines oa(1), ou(-),			18743	4
d Dopofits naid (inc	Juding direct rollo			1181	-
to provide belien	us distributions (see instructions)		-	1897	
e Certain deemed	and/or corrective distributions (errective distributions (errective distributions) (errective di	8f			21
f Administrative S	ervice providers (salanes, loss,	<u>8g</u> 8h			5
Additional					
q Other expenses	(add lines 8d, 8e, 8f, and 8g)	Qi			
g Other expenses h Total expenses	(add lines 8d, 8e, 8f, and 8g) s) (subtract line 8h from line 8c) om) the plan (see instructions) om) the plan (see instructions)	81			Form 5500-SF v.0

Form 5500-SF 2011

n benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

Page **2** -

Plan Characteristics Part IV

9a	If the plan pro	ovides pension belients	children in the statuse code	es from the List of Plan Characteristic Codes in the mean	
	2E 2F	20 50	anter the applicable welfare feature court		
		welfare benefits,	enter the set		

. —-			1	NIa		Amo	unt	
	liance Questions	. i	Yes	No	┼──			
rt V Comp	Itiance Questions Ian year: failure to transmit to the plan any participant contributions within the time period described in failure to transmit to the plan any participant contributions within the time period described in 10.3-1022 (See instructions and DOL's Voluntary Fiduciary Correction Program)	400		х				
During the p	Ian year: failure to transmit to the plan any participant contributions within the time period decompar- failure to transmit to the plan any participant contributions within the time period decompar- failure to transmit to the plan any participant contributions within the time period decompar- failure to transmit to the plan any participant contributions within the time period decompar- tion of the plan any participant contributions within the time period decompar- tion of the plan any participant contributions within the time period decompar- tion of the plan any participant contributions within the time period decomparison (Decomparison) and DOL's Voluntary Fiduciary Correction Program)	10a		x	1			
a Was there a	failure to transmit to the plan any participant any Fiduciary Correction Program minimum 10.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) minimum any nonexempt transactions with any party-in-interest? (Do not include transactions reported any nonexempt transactions with any party-in-interest?	10b					2.00	0000
29 CFR 23	10.3-102? (See instructions and Doctor any nonexempt transactions with any party-in-interest? (Do not include transactions repeated)	100	X				300	
b Were there	any nonexempt transactione and any nonexempt transaction of a second sec			+	+			
		100		X				
c Was the p	lan covored by	10d	+	+-				
d Did the pla	an covered by a fidelity bond? Ian covered by a fidelity bond? In have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud sty?			X				
or dishous	SIV: manner of Olice portoon of a manner (SPP	10e						
e Were any	sty?	1.00		2	:			
		10					-	16367
f Use the n	Ian failed to provide any benefitiant	10	g ^	-+-	-+-			
					X			
g Did the pl	an have any participation was there a blackout period? (See instructions and	10	<u>m</u>	-+-				
h If this is a	an have any participant loans? (If "Yes," enter amount as of year onery in individual account plan, was there a blackout period? (See instructions and 29 CFR I-3.)		oi					
2520.101	In individual account plan, was there are I-3.) as answered "Yes," check the box if you either provided the required notice or one of the is answered "Yes," check the box if you either provided the required notice or one of the is answered "Yes," check the box if you either provided the required notice or one of the	1						
i If 10h wa	I-3.)				CD.	(Form		[]
exceptio	ns to providing the notice applied under 29 CI N Education of the section of the	comple	ete So	hedu	e 56	(F0111	Yes	
Part VI Pe	nsion Funding Compliance defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of the subject to the minimum funding requirements of section 412 of the C	<u></u>			n of E	DISA?	Yes	S X NO
11 Is this a	defined benefit plan subject to management of section 412 of the C	Code o	or sect	ion 30)2 01 L			
5500))	the minimum functing requirement						he letter r	uling
12 Is this a	defined benefit plan subject to minimum funding requirements / (1 100) a defined benefit plan subject to the minimum funding requirements of section 412 of the C a defined contribution plan subject to the minimum funding requirements of section 412 of the C a defined contribution plan subject to the minimum funding requirements of section 412 of the C a defined contribution plan subject to the minimum funding requirements of section 412 of the C a defined contribution plan subject to the minimum funding requirements of section 412 of the C a defined contribution plan subject to the minimum funding requirements of section 412 of the C a defined contribution plan subject to the minimum funding requirements of section 412 of the C a defined contribution plan subject to the minimum funding standard for a prior year is being amortized in this plan year, see in year of the minimum funding standard for a prior year is being amortized in this plan year, see in the waiver.	nstructi	ions, a	and ei	nter III Dav	e uato or s	Year	
0111/20	" complete 12d of 120; 1-4	NOTI	י		Day			
a if a wai	ver of the minimum furiding states	e 13.		5	40%	T		
						1		
granuos	g ino the samplete lines 3, 9, and 10 of Com			···				
If you con	npleted line 12a, complete lines 3, 9, and 10 0, 000			···	120 12c			
if you con	he minimum required contribution for this plan year		 					
if you con b Enter t	he minimum required contribution for this plan year the minimum required contribution for this plan year	ne left (ofa		12c 12d		□ N0	N/A
if you con b Enter t	he minimum required contribution for this plan year the minimum required contribution for this plan year	ne left (ofa		12c 12d	Yes		
if you con b Enter t	he minimum required contribution for this plan year the minimum required contribution for this plan year	ne left (ofa		12c 12d	Yes	No	
ff you con b Enter t c Enter t d Subtra negati	npleted line 12a, complete lines 3, 9, and 10 or earning the minimum required contribution for this plan year	ne left (ofa		12c 12d		No	
if you con b Enter t c Enter t d Subtra negati e Will th	the amount contributed by the employer to the plan for this plan year the amount contributed by the employer to the plan for this plan year the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the two amount) the minimum funding amount reported on line 12d be met by the funding deadline?	ne left (of a		12c 12d	Yes	No	
f you con b Enter t c Enter t d Subtra negati e Will th Part VII	pheted line 12a, complete lines 3, 9, and 10 of each oppleted line 12a, complete lines 3, 9, and 10 of each oppleted line 12a, complete lines 3, 9, and 10 of each oppleted line 12a, complete lines 3, 9, and 10 of each oppleted line 12a, complete lines 3, 9, and 10 of each oppleted line amount reported to the plan for this plan year	ne left (of a		12c 12d	Yes Yes X	No No	∏ N/A
if you con b Enter t c Enter t d Subtra negati e Will th Part VII	In the dime 12a, complete lines 3, 9, and 10 or example to the plan for this plan year	ne left (of a	13a	12c 12d	Yes X	No No	
if you con b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a	In the second	ne left (of a		12c 12d	Yes X	No No	∏ N/A
if you con b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a	In the second	ne left (of a		12c 12d	Yes X	No No	Yes X 1
if you con b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th	Instant line 12a, complete lines 3, 9, and 10 or each opposed line 12a, complete lines 3, 9, and 10 or each opposed line 12a, complete lines 3, 9, and 10 or each opposed line 12a, complete lines 3, 9, and 10 or each opposed line 12a, complete lines 3, 9, and 10 or each opposed line 12a, complete lines 3, 9, and 10 or each opposed line 12b. Enter this plan year	ne left (of a		12c 12d	Yes X	No No	∏ N/A
if you con b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th	Instant line 12a, complete lines 3, 9, and 10 or each opposed line 12a, complete lines 3, 9, and 10 or each opposed line 12a, complete lines 3, 9, and 10 or each opposed line 12a, complete lines 3, 9, and 10 or each opposed line 12a, complete lines 3, 9, and 10 or each opposed line 12a, complete lines 3, 9, and 10 or each opposed line 12b. Enter this plan year	ne left (of a		12c 12d	Yes X	No No	Yes X 1
if you con b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th c If du	In the original sector of the sector of t	ne left (of a		12c 12d	Yes X	No No	Yes X 1
if you com b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a lf "Ye b Were of th C If du whin 13c(1	(a) Note of the set	brough dentify	of a	13a 13a er the	12c 12d contro to 13c(2	Yes X	□ No No □	Yes X 1
if you com b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a lf "Ye b Were of th c If du whit 13c(1	In the original sector of the plan sector of the plan for this plan year	brough dentify	of a	13a er the lan(s)	12c 12d 	Yes X	No No	Yes X 1
if you com b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th c If du whit 13c(1	In the original sector of the plan sector of the plan for this plan year	brough dentify	of a	13a er the lan(s)	12c 12d contro to 13c(2	Yes X	□ No No □ 1	Yes X 1 3c(3) PN
if you com b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th c If du whit 13c(1	In the original sector of the plan sector of the plan for this plan year	brough dentify	of a	13a er the lan(s)	12c 12d contro to 13c(2	Yes X	□ No No □ 1	Yes X 1 3c(3) PN
if you com b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th c If du whit 13c(1	In the original sector of the plan sector of the plan for this plan year	brough dentify	of a	13a er the lan(s)	12c 12d contro to 13c(2	Yes X	□ No No □ 1	Yes X 1 3c(3) PN
if you com b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th C If du whit 13c(1	In the difference of the second se	brough dentify	of a	13a er the lan(s)	12c 12d contro to 13c(2	Yes X	□ No No □ 1	Yes X 1 3c(3) PN
if you com b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th C If du whit 13c(1	In the dime 12a, complete lines 3, 9, and 10 or each of this plan year	reason ed this his return	t under the p nable returr urn/re	13a er the lan(s) cause h/repo port, :	12c 12d contro to 13c(2 3 is es rt, incl and to	Yes X Yes X	No No 1 pplicable, f my know	Yes X 1 3c(3) PN
if you com b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th C If du whit 13c(1	appleted line 12a, complete lines 3, 9, and 10 or example the minimum required contribution for this plan year	reason ed this his return	t under the p nable returr urn/re	13a er the lan(s) cause h/repo port, :	12c 12d contro to 13c(2 3 is es rt, incl and to	Yes X Yes X	No No 1 pplicable, f my know	Yes X 1 3c(3) PN
If you com b Enter to c Enter to d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th C If du while 13c(1) Caution: Under pe SB or SG belief, it	initial intervention 122, complete lines 3, 9, and 100 eremination inpleted line 12a, complete lines 3, 9, and 100 eremination inpleted line 12a, complete lines 3, 9, and 100 eremination in the minimum required contribution for this plan year	prough dentify reason ed this his return Y MA	t unde the p nable ILCO	13a er the lan(s) //repo port, f LM	12c 12d to 13c(2 a is es rt, incl and to al sign	Yes X Yes X D D EIN(S) Stablished uding, if a the best of	No No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes X 1 3c(3) PN
if you com b Enter t c Enter t d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th C If du whit 13c(1	initial intervention 122, complete lines 3, 9, and 100 eremination inpleted line 12a, complete lines 3, 9, and 100 eremination inpleted line 12a, complete lines 3, 9, and 100 eremination in the minimum required contribution for this plan year	prough dentify reason ed this his return Y MA	t unde the p nable ILCO	13a er the lan(s) //repo port, f LM	12c 12d to 13c(2 a is es rt, incl and to al sign	Yes X Yes X D D EIN(S) Stablished uding, if a the best of	No No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes X 1 3c(3) PN
If you com b Enter to c Enter to d Subtra negati e Will th Part VII 13a Has a If "Ye b Were of th c If du while 13c(1) Caution: Under pe SB or Sc belief, it	initial intervention 122, complete lines 3, 9, and 100 eremination inpleted line 12a, complete lines 3, 9, and 100 eremination inpleted line 12a, complete lines 3, 9, and 100 eremination in the minimum required contribution for this plan year	prough dentify reason ed this his return Y MA	t unde the p nable ILCO	13a er the lan(s) //repo port, f LM	12c 12d to 13c(2 a is es rt, incl and to al sign	Yes X Yes X	No No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes X 1 3c(3) PN