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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	the instructions to the Form 55	00-SF.		
Pá	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/20	011	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m
	special extension (enter descriptio	n)				
Pa	irt II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan			1b	Three-digit	
GENI	PANKEY MOTOR CO. RETIREMENT PLAN				plan number	
					(PN) •	001
				16	Effective date of 01/01/	•
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif	ication Number
GEN	E PANKEY MOTOR COMPANY, INC.			((EIN) 91-09	33074
				2c	Sponsor's telep	
	S. TACOMA WAY			24 /	253-475	
TACC	DMA, WA 98409			Zu	3usiness code (44112	see instructions)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's E	
	E PANKEY MOTOR COMPANY, INC. 7201 S. TACO TACOMA, WA	YAW AMC	,		91-09	33074
	TACONA, WA	30409		3c /	Administrator's t 253-475	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b		
	name, EIN, and the plan number from the last return/report.					
	Sponsor's name			-	PN T	
5a	Total number of participants at the beginning of the plan year			5a		1
b	Total number of participants at the end of the plan year			- 5b		
С	Number of participants with account balances as of the end of the p complete this item)			. 5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a					— — — Na
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		•••••	X Yes No
Pa	rt III Financial Information	JIIII 5500-	or and must mistead use Form 5	300.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Vear
a	Total plan assets	. 7a	861685		(b) Elia	0
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	861685			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:					
	(1) Employers	8a(1)				
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)	04455			
b	Other income (loss)	8b	-21455			21.455
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-21455
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	820411			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	18109			
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g	1710			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				840230
i	Net income (loss) (subtract line 8h from line 8c)	8i				-861685
j	Transfers to (from) the plan (see instructions)	8i				

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Form	カカロロ	->-	ンロコ	-

Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2H 2J 2K 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	During the plan year:		Yes	No		Α	ma	
2	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		162	NO		Ar	nount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported							
	on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					60000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud							
	or dishonesty?	10d		X				
	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			X				
	instructions.)	10e		^				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	40	Χ					0
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g						
	2520.101-3.)	10h		X				
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
rt \	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nlete	Schad	SF مارر	R (Forn	n		
	5500))						Yes	No
								1 1 110
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se					Yes	<u> </u>
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or se					_	ᆜ
((If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		ction 3	302 of	ERISA	۱?	Yes	X No
а I		ctions,	ction 3	302 of Inter th	ERISA	A? e of the	Yes	X No
ا a ا	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions, th	ction 3	302 of Inter th	ERISA	A? e of the	Yes	X No
a ((If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver	ctions, th	and e	302 of Inter th	ERISA	A? e of the	Yes	X No
a 	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructure granting the waiver	ctions, th	and e	02 of Inter the Day	ERISA	A? e of the	Yes	X No
a i g lf yo b i	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Montou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	ctions, th	and e	nter the Day	ERISA	A? e of the	Yes	X No
a (If you b (c (d ()	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th of a	and e	nter th Day	ERISA	A? e of the	Yes	X No
a (dispersion)	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th of a	and e	12b 12c	ERISA	A?	Yes	X No
a i lf you b i c i d :	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction to complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	ctions, th of a	and e	12b 12c	ERISA ne date	A?	Yes	No No
a () () () () () () () () () () () () ()	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th of a	and e	12b 12c 12d	e date	A? e of the Ye	Yes	No No
a () If you b () c () d () re \(\) a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction to the waiver. Montou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	ERISA ne date	A?	Yes	No No
a () () () () () () () () () () () () ()	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction of the waiver. Montou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the plan to the plan for this plan year. Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year.	of a	and e	12b 12c 12d	e date	A? e of the Ye	Yes	No No
a () if you b () c () e () a ()	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date	A? e of the Ye	Yes letter ru ear	No No
a Garage	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d 	e date	A? e of the Ye	Yes	No No
(f your liberal libera	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction to the waiver. Montou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the plan to the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	of a	and e	12b 12c 12d 	e date	A? e of the Ye	Yes letter ru ear	No No
a Grant Gr	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction of the waiver. Montou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	e date	A? e of the Ye	Yes letter ru ear No X Yes	No No No
a Garage	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction to the waiver. Montou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the plan to the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	of a	and e	12b 12c 12d 	e date	A? e of the Ye	Yes letter ru ear	No No No
a Grant Gr	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction of the waiver. Montou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	e date	A? e of the Ye	Yes letter ru ear No X Yes	No No No
a Garage	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction of the waiver. Montou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	e date	A? e of the Ye	Yes letter ru ear No X Yes	No No

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.	05/18/2012	PATRICK G. FEUTZ
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Part I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	11	and ending	2/31/2	2011				
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
В	This return/report is:	the final i	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)					
C	Check box if filing under: Form 5558		extension	A)	DFVC program				
	special extension (enter description	5 500		_ bi vo program					
Pa	art II Basic Plan Information—enter all requested inform		The state of the s	-					
	Name of plan	auon		1h	Three-digit				
	E PANKEY MOTOR CO. RETIREMENT PLAN			15	plan number				
					(PN) ▶ 001				
					Effective date of plan 01/01/1996				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) GENE PANKEY MOTOR COMPANY, INC.					Employer Identification Number				
GEN	E PANKEY MOTOH COMPANY, INC.			(EIN) 91-0933074					
				2c	Sponsor's telephone number				
	S. TAGOMA WAY				253-475-3165				
LAC	OMA WA 98409			2d	Business code (see instructions) 441120				
	Plan administrator's name and address (if same as plan sponsor, et	nter "Same	")	3b	Administrator's EIN				
SAM	<u>L</u>			3с	91-0933074 Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the I	last return/	report filed for this plan, enter the	4b	253-475-3165				
	name, EIN, and the plan number from the last return/report.		oport med for this plant, either the	40	EIN				
_	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	15				
b	Total number of participants at the end of the plan year			5b	0				
С	Number of participants with account balances as of the end of the populate this item)	olan year (defined benefit plans do not	5c	0				
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes □ No				
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IOI	IODA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	********	X Yes No				
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 55	00.					
7	Plan Assets and Liabilities			-					
a	Total plan assets	7-	(a) Beginning of Year 861685	-	(b) End of Year				
	Total plan liabilities	-	801087	100	0				
	Net plan assets (subtract line 7b from line 7a)	7c	861685						
8	Income, Expenses, and Transfers for this Plan Year	10	The same same same same same same same sam	-	0				
	Contributions received or receivable from:		(a) Amount		(b) Total				
	(1) Employers			-3					
	(2) Participants								
	(3) Others (including rollovers)			-					
	Other income (loss)		-21455	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-21455				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	820411						
	Certain deemed and/or corrective distributions (see instructions)	8e	18109						
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g	1710						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			840230				
	Net income (loss) (subtract line 8h from line 8c)				-861685				
j	Transfers to (from) the plan (see instructions)	0:							

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Form	DOUG	-5F	201	

Page	2 -	1

Part IV	Plan Characteristics
I WILLY	i dii Ondidotti istics

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

	Sec. No.	MACO									
Part										-	
10	During the plan year:					Yes	No		Amo	ount	
а	29 CFR 2510.3-102	o transmit to the plan any participant contribution ? (See instructions and DOL's Voluntary Fiducia	ary Correction Progr	am)	10a		X				
b	Were there any none on line 10a.)	exempt transactions with any party-in-interest? (Do not include trans	actions reported	10b		х				
С	Was the plan covere	ed by a fidelity bond?	************	*******	10c	Х				600	00
d	Did the plan have a lor dishonesty?	oss, whether or not reimbursed by the plan's fid	lelity bond, that was	caused by fraud	10d		х				
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.)						х		18-08		
f	f Has the plan failed to provide any benefit when due under the plan?						X			250	
g	Did the plan have an	y participant loans? (If "Yes," enter amount as c	of year end.)	*****************	10f 10a	Х		10-2-0		-97-2	0
h	If this is an individual 2520.101-3.)	account plan, was there a blackout period? (Se	ee instructions and 2	9 CFR	10h		Х			w. 2/	
i	If 10h was answered	"Yes," check the box if you either provided the ng the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i					-	-
Part	VI Pension Fur	nding Compliance					7.				
11	Is this a defined bene 5500))	fit plan subject to minimum funding requiremen	its? (If "Yes," see ins	tructions and comp	plete	Sched	ule SE	3 (Form		Yes 🗍	 No
12		ribulion plan subject to the minimum funding re								Yes X	No
	(If "Yes," complete 12	a or 12b, 12c, 12d, and 12e below, as applicab	ole.)						_		
а	If a waiver of the mini	mum funding standard for a prior year is being	amortized in this pla	n year, see instruc	tions,	and e	nter th	ne date o	f the le	lter ruling	
lf y	you completed line 1	2a, complete lines 3, 9, and 10 of Schedule N	//B (Form 5500), an	d skip to line 13.	n	V-1	Day		Yea	F	ę.
		equired contribution for this plan year		88			12b				
		tributed by the employer to the plan for this plan					12c				
d	Subtract the amount	in line 12c from the amount in line 12b. Enter th	e result (enter a min	us sign to the left of	of a		12d		- John News	3 10 5 50 Col	
е	Will the minimum fund	ding amount reported on line 12d be met by the	funding deadline?		·····		,	Yes		No N	/A
Part	VII Plan Termi	nations and Transfers of Assets						==100100			
13a	Has a resolution to ten	minate the plan been adopted in any plan year?	************	**************	.,		Х	res	No		_
	If "Yes," enter the am	ount of any plan assets that reverted to the emp	ployer this year		1	3a		- Lanced		0	
b	Were all the plan ass of the PBGC?	ets distributed to participants or beneficiaries, tr	ansferred to another	r plan, or brought u	ınder	the co	ntrol		X	Yes 🗌	No
С	If during this plan year	ar, any assets or liabilities were transferred from ties were transferred. (See instructions.)									
1	3c(1) Name of plan(s)	6			13c(2) EIN(s)			N(s)	13	13c(3) PN(s)
Caut	ion: A penalty for the	late or incomplete filing of this return/repor	t will be assessed	unless reasonabl	e cau	se is	establ	lished.			
Unde SB o	er penalties of perjury a	and other penalties set forth in the instructions, I sted and signed by an enrolled actuary, as well a	declare that I have	examined this retu	rn/ren	ort in	cludin	a if appli	cable, y know	a Schedule ledge and	į
SIGI	V X Valini	S. put	15-7-12	PATRICK G. FE	UTZ						
HER		n administrator	Date	Enter name of in	dividu	al sigr	ning as	s plan ad	ministr	alor	
SIGN											
11111	 Signature of em 	ployer/plan sponsor	Date	Enter name of in	dividu	al sigr	ning as	s employ	er or pl	an sponso	1