## 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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	)-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 13	2/31/2	011	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
		the final r	eturn/report		_	
_			an year return/report (less than 12 mo	nthe)		
_		•	• •	)	7 551/0	
C	Check box if filing under:	automatic	extension		DFVC progra	ım
	special extension (enter description	n)				
Pa	rt II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan			1b	Three-digit	
EQUI	QUERY, INC. I401K PLAN				plan number	
					(PN) ▶	001
				1c	Effective date of	•
					01/01	
	Plan sponsor's name and address; include room or suite number (er QUERY, INC.	mployer, if	for a single-employer plan)		Employer Identif	
LQU	ROLIVI, INO.				(= 11 4)	53740
				2c	Sponsor's telep	
	COAL CREEK PKWY #104				425-417	
NEW	CASTLE, WA 98059			2d	`	see instructions)
_					54151	
	Plan administrator's name and address (if same as plan sponsor, en QUERY, INC. 6947 COAL C			3b	Administrator's I	EIN 53740
LQUI	NEWCASTLE			30		elephone number
				30	425-417	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	FIN	
	name, EIN, and the plan number from the last return/report.					
а	Sponsor's name			4c	PN	
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		<b> </b>	0.0	1	
·	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		•			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)			X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.		
Pa	rt III Financial Information	ı				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	263260			371822
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	263260			371822
8	Income, Expenses, and Transfers for this Plan Year	-	(a) Amount		(b) T	otal
а	Contributions received or receivable from:		(a) / iiii diii		(2)	<u>- Ctu.</u>
-	(1) Employers	8a(1)	32500			
	(2) Participants	8a(2)	16500			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	59562			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					108562
۲ C	, , , , , , , , , , , , , , , , , , , ,	8c				100002
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	` <b>'</b>					
	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
i	Net income (loss) (subtract line 8h from line 8c)	8i				108562
_ j	Transfers to (from) the plan (see instructions)	8j				
				_		

Form	5500-	SF	201

<b>-</b>	-	<b>~</b> !	
Part IV	Plan	Charac	eteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 2R 3B 3D
  - 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	During the plan year:		Yes	No	Α	mount	
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)	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		X			
d	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			
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.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	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		X			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes X 1	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X 1	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/	Α
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol			
	of the PBGC?						
С	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.)	he pla	n(s) to				
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	<b>13c(3)</b> PN(s	3)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return for Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return for it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	05/29/2012	DWIGHT ETHERIDGE
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).

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

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

Pa	rt I Annual Report Identification Information					
For o	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and	ending 1	2/31/2011	-
A B C	This return/report is: the first return/report the final return	ırn/repo year re	turn/report (le	ess than 12 mon	a one-participant ths) DFVC program	t plan
Pa	rt II Basic Plan Information - enter all requested information				· · · · · · · · · · · · · · · · · · ·	
سنسسنسا	Name of plan		11	Three-digit		
	UIQUERY, INC. I401K PLAN			plan number (	(PN)	001
-			10	Effective date		
					1/2007	
	Plan sponsor's name and address; include room or suite number (employer, if for single	employe	er plan)   21		ntification Number	(EIN)
ΕQ	UIQUERY, INC.		20	Sponsor's tele		
69	47 COAL CREEK PKWY #104		1	125)417-8	•	
0.5	TO COILL CICILITY III III III				e (see instructions	3)
NE	WCASTLE WA 98059			5415		,
	Plan administrator's name and address (if same as plan sponsor, enter "Same	')	31	Administrator	's EIN	
SA	ME					
			36	Administrator	's telephone numb	oer
	the name and/or EIN of the plan sponsor has changed since the last return/rep	ort filed	for this 4	) EIN		
-	lan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name		40	PN		
5а	Total number of participants at the beginning of the plan year		5	a	1	
	Total number of participants at the end of the plan year		E	<b>o</b>	1	
С	Number of participants with account balances as of the end of the plan year (c	lefined				
	benefit plans do not complete this item)					
	Were all of the plan's assets during the plan year invested in eligible assets? (\$				Yes	∐ No
b	Are you claiming a waiver of the annual examination and report of an independ				X Yes	□No
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of the sum				🔼 res	□ №
Pa	rt III Financial Information	anun	iust ilisteau	use Form 5500.		
7	Plan Assets and Liabilities	3	(a) Begin	ning of Year	(b) End of	Year
а	Total plan assets	7a		263,260	3	371,822
b	Total plan liabilities	7b				
C	Net plan assets (subtract line 7b from line 7a)	7c		263,260	· · · · · · · · · · · · · · · · · · ·	371,822
8	Income, Expenses, and Transfers for this Plan Year		(a) A	Amount	(b) Tot	al
а	Contributions received or receivable from:			20 500	s - 1 to 1	
	(1) Employers	8a(1)		32,500	-	
	(2) Participants	8a(2)		16,500	-	
h	(3) Others (including rollovers) Other income (loss) SEE STATEMENT 1	8a(3) 8b		59,562	-	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		33,302	1	08,562
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
e	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
i	Net income (loss) (subtract line 8h from line 8c)	8i			1	<u>.08,562</u>
i	Transfers to (from) the plan (see instructions)	8j				

	Page					
art IV Plan Characteristics						
a If the plan provides pension benefits, enter the applicable pension feature codes from the List o	f Plan (	Charac	teristic	Codes in th	e instruc	tions:
2R 3B 3D						
If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Plan Ch	naracte	eristic (	Codes in the	instruction	ons:
art V Compliance Questions						
		Yes	No	Λ.	nount	
		res	No	Ai	nount	
Was there a failure to transmit to the plan any participant contributions within the time period described	40		v			
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include			37			
transactions reported on line 10a.)	10b		X			
C Was the plan covered by a fidelity bond?	10c		X			
<b>d</b> 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			
e 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.)	10e		_X_			
f Has the plan failed to provide any benefit when due under the plan?	10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h If this is an individual account plan, was there a blackout period? (See instructions						
and 29 CFR 2520.101-3.)	10h		X			
i 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		X			
art VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructio	ns and	compl	ete			_
Schedule SB (Form 5500))				11	Yes	X No
Concadio GD (1 onti GGCG)					163	NO INC
				<u>U</u>		
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	of the C	ode o	r			
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	of the C	Code o	r 		Yes	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year,	of the C	Code o	r 	d enter the c	Yes	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month	of the C  see ins	Code o struction Day	r  ons, an	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	of the C	code o structio Day	r  ons, an	d enter the c	Yes late of the	X No
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t  b Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year	of the C	ode o structio Day	ns, and	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver. Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t  b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign	see ins	ode o structio Day	12b	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to be Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)	see ins	ode o structio Day	12b 12c	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?	see ins	ode o structio Day	12b 12c	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t  b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  art VII Plan Terminations and Transfers of Assets	of the Consequence of the Conseq	code o	12b 12c 12d	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t  b Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  art VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of the C	code o	12b 12c 12d	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to be Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  art VII Plan Terminations and Transfers of Assets  a Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	of the Conservation of the	structio	12b 12c 12d	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t  b Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  art VII Plan Terminations and Transfers of Assets  a Has a resolution to terminate the plan been adopted in any plan year?  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,	of the Comments of the Comment	code o	12b 12c 12d	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to be Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  art VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	of the Conservation of the	code o	12b 12c 12d 12d	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, ruling granting the waiver.  Month  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip the Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus signed the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  art VII Plan Terminations and Transfers of Assets  a Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, under the control of the PBGC?  C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s)	of the Conservation of the	code o	12b 12c 12d 12d	d enter the c	Yes late of the	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 section 302 of ERISA? (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, ruling granting the waiver.  Month  f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to 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 the left of a negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  The plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  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, under the control of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) liabilities were transferred. (See instructions.)	of the Comments of the Comment	octruction Day 13.	12b 12c 12d 12d 13a	d enter the c	Yes late of the	N/A  N/A
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Signature of plan administrator	Date	Enter name of individual signing as plan administrator
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Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor