| Form 5500-SF Short Form Annual Return/Report of Small Emplo   |  |  |   |                         |  | OMB Nos. 1210-0110<br>1210-0089                    |  |  |  |  |
|---|--|--|---|-------------------------|--|--|--|--|--|--|
| Department of the Treasury<br>Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ  |  |  |   |                         | е  | 2012   |  |  |  |  |
|   | epartment of Labor<br>enefits Security Administration  | Retirement Income Security Act of  |   | ctions 6057(b) and 6058 |  | This Form is Open to Public                        |  |  |  |  |
| Pension Be  | enefit Guaranty Corporation  | ctions to the Form 5500  | )-SF.   | Inspection              |  |  |  |  |  |  |
| Part I Annual Report Identification Information   |  |  |   |                         |  |  |  |  |  |  |
| For calend  | For calendar plan year 2012 or fiscal plan year beginning       01/01/2012       and ending       12/31/2012 |  |   |                         |  |  |  |  |  |  |
| A This ref  | turn/report is for:  | lan (not multiemployer)  |   | a one-participant plan  |  |  |  |  |  |  |
| B This return/report is:  |  |  |   |                         |  |  |  |  |  |  |
|   |  | an amended return/report   | a short plan year return/report (less than 12 months) |                         |  |  |  |  |  |  |
| C Check   | box if filing under:   | Form 5558  | automatic extension                                   |                         |  | DFVC program                                       |  |  |  |  |
|   | Γ  | special extension (enter description   | on)   |                         | _  |  |  |  |  |  |
| Part II   | Basic Plan Inform  | nation—enter all requested inform  | ation   |                         |  |  |  |  |  |  |
| 1a Name   | of plan  | ·  |   |                         | 1b                                       | Three-digit  |  |  |  |  |
| CHARLES V   | V BRITT JR MD PROFIT   | SHARING PLAN   |   |                         |  | plan number  |  |  |  |  |
|   |  |  |   |                         | 4.0                                      | (PN) ▶ 002   |  |  |  |  |
|   |  |  |   |                         | 10                                       | Effective date of plan<br>01/01/2002               |  |  |  |  |
|   | ponsor's name and addre  | ess; include room or suite number (e   | employer, if for a single-                            | employer plan)          | 2b                                       | Employer Identification Number                     |  |  |  |  |
|   |  |  |   |                         | 2c                                       | Sponsor's telephone number                         |  |  |  |  |
| 42 E ROWA   |  | 42 E ROWA  |   |                         |  | 509-489-3879                                       |  |  |  |  |
| SPOKANE,  | VVA 99207  | SPOKANE,   | VVA 99207   |                         | 2d                                       | Business code (see instructions)<br>621111         |  |  |  |  |
| 3a Plan a   | dministrator's name and  | address 🛛 Same as Plan Sponsor I   | Name Same as Plar                                     | n Sponsor Address       | <b>3b</b> Administrator's EIN            |  |  |  |  |  |
| 4 If the r  |  |  |   |                         |  |  |  |  |  |  |
|   |  | lan sponsor has changed since the er from the last return/report.              | ast return report neu re                              | or this plan, enter the | 40                                       | EIN  |  |  |  |  |
| <b>a</b> Spons  | or's name  |  |   |                         | <b>4c</b> PN                             |  |  |  |  |  |
| 5a Total  | number of participants at  | the beginning of the plan year   |   |                         | 5a                                       |  |  |  |  |  |
| <b>b</b> Total  | number of participants at  | the end of the plan year   |   |                         | 5b                                       | 3  |  |  |  |  |
|   |  | count balances as of the end of the  |   |                         | Fa                                       |  |  |  |  |  |
| _   |  |  |   |                         | 5c                                       | 3<br>N Vac 🗌 Na                                    |  |  |  |  |
|   |  | uring the plan year invested in eligit<br>a annual examination and report of   |   |                         |  | X Yes No   |  |  |  |  |
| under   | 29 CFR 2520.104-46? (  | See instructions on waiver eligibility<br>er line 6a or line 6b, the plan canr | and conditions.)                                      | •                       | ·····                                    |  |  |  |  |  |
|   |  |  |   |                         |  |  |  |  |  |  |
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.<br>Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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/va   | lid electronic signature.  | 10/14/2013  | DANA WOODALL            | /OODALL                                  |  |  |  |  |  |
| HERE  | Signature of plan adm  | dministrator Date Enter name of individu                                       |   |                         |  | dual signing as plan administrator                 |  |  |  |  |
| SIGN  |  |  |   |                         |  |  |  |  |  |  |
| HERE  | Signature of employe   | r/plan sponsor   | Date  | Enter name of individu  | dual signing as employer or plan sponsor |  |  |  |  |  |
| DANA WOO<br>DANA WOO<br>1420 LINCO  | name (including firm nam   | ne, if applicable) and address; inclu  | de room or suite numbe                                |                         |  | arer's telephone number (optional)<br>208-667-5555 |  |  |  |  |

| Pa                            | t III Financial Information   |                |                                       |                       |          |           |                             |  |  |  |  |
|-------------------------------|---|----------------|---------------------------------------|-----------------------|----------|-----------|-----------------------------|--|--|--|--|
| 7 Plan Assets and Liabilities |   |                | (a) Beginning of Yea                  | (a) Beginning of Year |          |           | (b) End of Year             |  |  |  |  |
| а                             | Total plan assets   | 7a             | 106393                                | 1063932               |          |           | 1206286                     |  |  |  |  |
| b                             | Total plan liabilities  | 7b             |                                       |                       |          |           |                             |  |  |  |  |
| С                             | Net plan assets (subtract line 7b from line 7a)   | 7c             | 106393                                | 2                     |          | 1206286   |                             |  |  |  |  |
| 8                             | Income, Expenses, and Transfers for this Plan Year  |                | (a) Amount                            |                       |          | (b) Total |                             |  |  |  |  |
| а                             | Contributions received or receivable from:  | <b>a</b> (1)   |                                       | •                     |          |           |                             |  |  |  |  |
|                               | (1) Employers   | 8a(1)          |                                       | 0                     |          |           |                             |  |  |  |  |
|                               | (2) Participants  | 8a(2)          |                                       |                       | _        |           |                             |  |  |  |  |
|                               | (3) Others (including rollovers)  | 8a(3)          | 15740                                 | 0                     | _        |           |                             |  |  |  |  |
|                               | Other income (loss)   | 8b             | 157400                                |                       |          | 157100    |                             |  |  |  |  |
|                               | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)<br>Benefits paid (including direct rollovers and insurance premiums  | 8c             |                                       |                       | -        |           | 157400                      |  |  |  |  |
|                               | 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             | 1504                                  | 6                     |          |           |                             |  |  |  |  |
| h                             | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h             |                                       |                       |          |           | 15046                       |  |  |  |  |
| i                             | Net income (loss) (subtract line 8h from line 8c)   | 8i             |                                       |                       |          |           | 142354                      |  |  |  |  |
| j                             | Transfers to (from) the plan (see instructions)   | 8j             |                                       |                       |          |           |                             |  |  |  |  |
| Par                           | t IV Plan Characteristics   |                |                                       |                       |          |           |                             |  |  |  |  |
| 9a<br>b                       | If the plan provides pension benefits, enter the applicable pension<br><u>2A</u> <u>2E</u> <u>2G</u> <u>2J</u> <u>2K</u><br>If the plan provides welfare benefits, enter the applicable welfare fe  |                |                                       |                       |          |           |                             |  |  |  |  |
| Par                           | V Compliance Questions  |                |                                       |                       |          |           |                             |  |  |  |  |
| 10                            | During the plan year:   |                |                                       |                       | Yes      | No        | Amount                      |  |  |  |  |
|                               | <b>a</b> 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                   |          | Х         |                             |  |  |  |  |
| b                             | Were there any nonexempt transactions with any party-in-interest on line 10a.)  | •              | · · · · · ·                           | 10b                   |          | х         |                             |  |  |  |  |
| С                             | Was the plan covered by a fidelity bond?  |                |                                       | 10c                   | Х        |           | 50000                       |  |  |  |  |
| d                             | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  |                | , , , , , , , , , , , , , , , , , , , | 10d                   |          | x         |                             |  |  |  |  |
| e                             | <ul> <li>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.)</li> </ul> |                |                                       |                       |          | x         |                             |  |  |  |  |
| f                             | Has the plan failed to provide any benefit when due under the plan  | n?             |                                       | 10f                   |          | Х         |                             |  |  |  |  |
| g                             | Did the plan have any participant loans? (If "Yes," enter amount a  | s of year end  | l.)                                   | 10q                   |          | Х         |                             |  |  |  |  |
| h                             | If this is an individual account plan, was there a blackout period? (2520.101-3.)   | •              |                                       | 10h                   |          | x         |                             |  |  |  |  |
| i                             | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10   |                |                                       | 10i                   |          |           |                             |  |  |  |  |
| Part                          |   |                |                                       |                       |          |           |                             |  |  |  |  |
| 11                            | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  | ents? (If "Ye  | s," see instructions and com          | plete                 | Scheo    | lule SB   | (Form                       |  |  |  |  |
| 11a                           | Enter the amount from Schedule SB line 39   |                |                                       |                       |          | 11a       |                             |  |  |  |  |
| 12                            | Is this a defined contribution plan subject to the minimum funding  | requirement    | s of section 412 of the Code          | e or se               | ection : | 302 of I  | ERISA? Yes 🗙 No             |  |  |  |  |
|                               | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,   | , as applicabl | le.)                                  |                       |          |           |                             |  |  |  |  |
|                               | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver   |                |                                       |                       |          | onter th  | e date of the letter ruling |  |  |  |  |
| а                             |   |                |                                       |                       |          | Day       | Year                        |  |  |  |  |
|                               |   | -              | Mon                                   |                       |          |           | •                           |  |  |  |  |

| С   | Enter  | the amount contributed by the employer to the plan for this plan year  | 12c            |          |                     |  |  |  |  |
|---|--|--|----------------|----------|---------------------|--|--|--|--|
| d   |  | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount) | 12d            |          |                     |  |  |  |  |
| е   |  | he minimum funding amount reported on line 12d be met by the funding deadline?   |                | Yes      | No N/A              |  |  |  |  |
| Part  | Part VII Plan Terminations and Transfers of Assets |  |                |          |                     |  |  |  |  |
| 13a   | Has a  | a resolution to terminate the plan been adopted in any plan year?  | ,<br>,         | Yes X No |                     |  |  |  |  |
|   | lf "Ye   | es," enter the amount of any plan assets that reverted to the employer this year   | 13a            |          |                     |  |  |  |  |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?  |  |  |                |          | Yes X No            |  |  |  |  |
| C 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   | <b>13c(1)</b> Name of plan(s): 15                  |  | <b>3c(2)</b> E | IN(s)    | <b>13c(3)</b> PN(s) |  |  |  |  |
|   |  |  |                |          |                     |  |  |  |  |
|   |  |  |                |          |                     |  |  |  |  |
| Part  | VIII   | Trust Information (optional)   |                |          |                     |  |  |  |  |

| 14a Name of trust | 14b Trust's EIN |
|-------------------|-----------------|
|                   |                 |
|                   |                 |

DRS BRITT HENZLER

| Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan   |  |                          |  |   |  |                           | 1210-0110<br>1210-0089  |  |  |  |
|---|--|--------------------------|--|---|--|---------------------------|---|--|--|--|
| Department of the Treasury<br>Internal Revenue Service  | e <b>p</b>   |                          | 2012   |   |  |                           |   |  |  |  |
| This form is required to be filed under sections 104 and 4065 of the Employer     Department of Labor     Employee Benefits Socurity Administration     the Internal Revenue Code (the Code). |  |                          |  |   | This Form is Open to Public  |                           |   |  |  |  |
| Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55  |  |                          |  |   |  | Inspection                |   |  |  |  |
| For calendar plan year 2012 or fisca  |  |                          |  |   |  |                           |   |  |  |  |
|   | 7  |                          |  | 12/31/2                                       |  |                           |   |  |  |  |
|   | 1  |                          | lan (not multlemployer)                                |   | a one-partic   | ipant plen                |   |  |  |  |
| B This return/report is:  |  | te final return/report   |  |   |  |                           |   |  |  |  |
| C Check box if filing under:  |  | utomatic extension       | n/report (less than 12 m                               | DEVC program                                  |  |                           |   |  |  |  |
|   | special extension (enter description)  |                          |  | 1   |  | ង៣                        |   |  |  |  |
| Part II Basic Plan Inform   | nation-enter all requested informati   |                          |  |   |  |                           |   |  |  |  |
| 1a Name of plan   |  |                          |  | 1b  | Three-digit  | 1                         |   |  |  |  |
| CHARLES W BRITT JR MD PROFIT  | SHARING PLAN   |                          |  |   | plan number  |                           |   |  |  |  |
|   |  |                          |  |   | (PN) 🕨   | 002<br>Vi plan            |   |  |  |  |
|   |  |                          |  | 1C Effective date of plan<br>01/01/2002       |  |                           |   |  |  |  |
| 2a Plan sponsor's name and addre<br>C WILLIAM BRITT JR MD PLLC  | ss; include room or suite number (em)  | oloyer, if for a single- | employer plan)   | 2b Employer Identification Number             |  |                           |   |  |  |  |
|   |  |                          |  |   |  | 37011                     |   |  |  |  |
| 42 E ROWAN SUITE B  | 42 E RÓWAN S   | SUITE B                  |  | 2c Sponsor's telephone number<br>509-489-3879 |  |                           |   |  |  |  |
| SPOKANE, WA 99207   | SPOKANE, WA  |                          |  | 2d  | Business code  | (see Instru               | ctions)   |  |  |  |
|   |  |                          |  |   | 6211   |                           |   |  |  |  |
| 33 Plan administrator's name and a  | iddress XSame as Plan Sponsor Nar  | ne 🔄 Same as Plar        | Sponsor Address  | 3b Administrator's EIN                        |  |                           |   |  |  |  |
|   |  |                          |  | 3c /  | Administrator's  | telephone                 | number  |  |  |  |
|   |  |                          |  |   |  |                           |   |  |  |  |
|   |  |                          |  |   |  |                           |   |  |  |  |
|   |  |                          |  |   |  |                           |   |  |  |  |
|   | an sponsor has changed since the las   | t return/report filed fo | r this plan, enter the                                 | 4b EIN  |  |                           |   |  |  |  |
| name, EIN, and the plan numbe<br>a Sponsor's name   | r from the last retum/report.  |                          |  | 4c PN   |  |                           |   |  |  |  |
|   | the beginning of the plan year   |                          |  | ч <u>с</u><br>5а                              | -n   |                           | 3   |  |  |  |
|   | the end of the plan year   |                          |  | 5a<br>5b                                      |  |                           | 3   |  |  |  |
|   | ount balances as of the end of the pla   |                          |  |   |  |                           |   |  |  |  |
|   |  |                          |  | 5c  |  |                           | 3   |  |  |  |
|   | rring the plan year invested in etigible :   |                          |  |   |  | X Yes                     | i [] No   |  |  |  |
|   | e annual examination and report of an<br>see instructions on waiver eligibility and    |                          |  |   |  | X Yes                     | : 🗌 No  |  |  |  |
|   | r line 6a or line 6b, the plan cannot  |                          |  |   |  |                           |   |  |  |  |
|   | ncomplete filing of this return/repor  |                          |  |   |  |                           |   |  |  |  |
| Under penalties of perjury and other<br>SB or Schedule MB completed and s   | penalties set forth in the instructions, I<br>signed by an enrolled actuary, as well : | declare that I have e    | examined this return/rep<br>sion of this return/report | ont, inc                                      | luding, if applic<br>the best of my  | able, a Sci<br>knowledni  | iedule<br>and   |  |  |  |
| belief, it is true, correct, and complete   |  |                          |  | ,   | a a a a a a a a a a a a a a a a a a a  |                           |   |  |  |  |
| sign Chi  | the thirt (huns  | 10/14/2013               | C. Willi   | `a  | Britt  | dr.                       | had b   |  |  |  |
| HERE Signature of plan admi   |  | Date /                   | Enter name of Individ                                  |   |  | $\cdot \cdot \cdot \cdot$ |   |  |  |  |
| - 1 C C C C C C C C C C C C C C C C C C   | ull_ but had   | 10/14/20/3               | C. W.U.  |   | Pro H.   | d~                        | $\pi$   |  |  |  |
| HERE Signature of employer  |  | Date                     | Enter name of individu                                 |   |  |                           | nonsor  |  |  |  |
| Preparer's name (including firm name  | e, if applicable) and address; include r   |                          |  |   | rer's telephone  |                           |   |  |  |  |
| DANA WOODALL CPA<br>DANA WOODALL CPA PLLC   |  |                          |  |   | 208-667  | -5555                     |   |  |  |  |
| 1420 LINCOLN WAY STE 100  |  |                          |  |   |  |                           |   |  |  |  |
| COEUR D ALENE, ID 83814   |  |                          |  |   |  |                           |   |  |  |  |
|   |  |                          |  |   | na a Consensationis Rea<br>Maria da Statuta da Maria<br>Calda a Statuta da Statuta<br>Calda da Statuta da Statuta<br>Calda da Statuta da Statuta |                           | MDP (1), (1), (2), (3), (4), (4), (4), (4), (4), (4), (4), (4 |  |  |  |
| For Paperwork Reduction Act Notice an   | d OMB Control Numbers, see the instruc   | tions for Form 5500-8    | ŝF.  | <u></u>                                       |  | Form 5500-                | SF (2012)<br>v. 120126  |  |  |  |

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Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets ..... 7a 1063932 1206286 b Total plan llabilities..... 7b C Net plan assets (subtract line 7b from line 7a)...... 7c 1063932 1206286 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total а Contributions received or receivable from: (1) Employers 8a(1) n (2) Participants..... 8a(2) (3) Others (including rollovers)..... 8a(3) 10.00 b Other Income (loss)..... 8b 157400 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 8¢ 157400 Benefits paid (including direct rollovers and insurance premiums đ. to provide benefits). 8đ ----- Certain deemed and/or corrective distributions (see instructions). 8e Administrative service providers (salaries, fees, commissions) ..... f 8f g Other expenses..... 15046 2010/06/2 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h 15046 i. Net income (loss) (subtract line 8h from line 8c)..... 81 142354 Transfers to (from) the plan (see instructions) ..... inin - inin garaith i 81 Part IV Plan Characteristics **9**я If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions; 2E 2G 2J 2A 2K 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 Yes Na During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported х on line 10a.)..... 106 х C VVas the plan covered by a fidelity bond?..... 10c 50000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud х or dishonesty? 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, R insurance service or other organization that provides some or all of the benefits under the plan? (See х instructions.) 10a х Has the plan failed to provide any benefit when due under the plan? ..... f 10f х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR х 2520.101-3.} 10h 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X 5500) and line 11a below). Na 11a Enter the amount from Schedule SB line 39. 11a Yes No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? X 12 (If "Yes," complete line 12a or lines 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, see instructions, and enter the date of the letter ruling Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12Þ b Enter the minimum required contribution for this plan year.....

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| <u> </u>  | Enter the amount contributed by the employer to the plan for this plan year  | 12    | C   |           |     |      |       |                   |
|---|--|-------|-----|-----------|-----|------|-------|-------------------|
| d   | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)  | 12    | d   |           |     |      |       |                   |
| e   | Will the minimum funding amount reported on line 12d be met by the funding deadline?   |       | . [ | Yes       |     | No   | Π     | N/A               |
| Part  | VII Plan Terminations and Transfers of Assets  |       |     |           |     |      |       |                   |
| 13a   | Has a resolution to terminate the plan been adopted in any plan year?  |       | ] Y | ′es 🛛     | ]No |      |       |                   |
|   | If "Yes," enter the amount of any plan assets that reverted to the employer this year  | . 13  | a   | 1         |     |      |       |                   |
| b Ware all the plan assets distributed to participants or beneficiarles, transferred to another plan, or brought under the contro<br>of the PBGC? |  |       |     |           |     | Ve   | s 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) which assets or liabilities were transferred. (See instructions.) | to    |     |           |     |      |       |                   |
| 1   | 3c(1) Name of plan(s):   | 3c(2) | EI  | N(8)      |     | 13c( | 3) PN | 4( <del>8</del> ) |
|   |  |       |     |           |     |      |       |                   |
|   |  |       |     |           | Í   |      |       |                   |
| Part  | VIII Trust Information (optional)  |       |     |           | ,   |      |       |                   |
| 14a Name of trust   |  |       | Tri | ust's Eil | 4   |      |       |                   |