| Notice of Merger, C | consolidation or   | Transfer |
|---------------------|--------------------|----------|
| of Plan Ass         | ets or Liabilities | S        |

(Under section 6058(b) of the Internal Revenue Code) File Form 5310-A in duplicate. See the Who Must File instructions before filing this form. OMB No. 1545-1225 Expires 4-30-94

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Department of the Treasury Internal Revenue Service

| The information provided on this form will be read by computer. Therefore page 1 must be typed (except the signature). Please | ì |
|---|---|
| enter information exactly as requested and only in the space provided. Do not type in shaded areas.                           |   |

| 1a     | Name of plan sponsor (employer if single-employer plan  | 1)  |   | 1b Employ                        | ver identification number                                 |
|--------|---|---|---|----------------------------------|---|
|        | Address (number, street, room, or suite no. (If a P.O. bo   | x, see page 1 of the instruc                          | ctions)   | 1c Employ                        | er's tax year ends—N/A or (MM)                            |
|        | City  | State   | ZIP code  | 1d Teleph                        | one number  |
| 2      | Person to be contacted if more information is needed. (<br>(Complete even if Power of Attorney is attached):<br>Name                            | If same as 1a, leave blank.)                          |   |                                  |   |
|        | Address (number, street, room, or suite no. (If a P.O. bo   | ox, see page 1 of the instruc                         | ctions)   |                                  |   |
|        | City  | State   | ZIP code  | Teleph<br>(                      | one number<br>)   |
| 3a     | a Name of Plan (Plan name may not exceed  | 66 characters.):                                      |   |                                  |   |
| _      | <ul> <li>b Enter plan number (3</li> <li>c Enter date plan year</li> </ul>  | ends (MMDD)   |   | e Enter nun                      | e plan effective (MMDDYY)<br>nber of participants in plan |
| 4a     | a If this is a defined benefit plan, enter the ap showing compliance with the requirements  | of Code section 401                                   | box at left <b>AND</b> at a)(12) and the regu   | tach an actuar<br>ulations under | ial statement of valuation section 414(I).                |
| b      | Enter 1 for unit bene<br>Enter 2 for fixed ben<br>If this is a defined contribution plan, enter t<br>valuation showing compliance with the requ | nefit Ente<br>he appropriate numbe                    | r 3 for flat benefit<br>r 4 for other (spec<br>er in box at left <b>AN</b><br>ction 401(a)(12) an | ID attach an a                   | ctuarial statement of ns under section 414(I).            |
|        | Enter 1 for profit sha<br>Enter 2 for stock bor   | •   | r 4 for target bene   |                                  |   |
| 5a     | Enter 3 for money pu<br>a Is the employer a member of an affiliated se  | urchase   | s for other (spec   | iry)                             |   |
| b      | 1 3 3   | up of corporations or a                               | •   |                                  | f "Not Certain"<br>der common control?                    |
| 6      | Enter 1 if "Yes"<br>Enter type of plan:   | Ente  | r 2 if "No"   |                                  |   |
|        | •   | ntal plan or church pla<br>nployer plan (describe<br> | •   |                                  | er of participating                                       |
| 7      | Other plan(s) involved in transaction (see ins  | structions):  |   |                                  |   |
| a<br>b |   |   |   |                                  |   |
| С      | Employer Identification number  |   |   | an number (3 d                   | digits)   |
| e<br>f | J.,   | number to indicate t                                  | ype of plan: <b>1</b> d   | efined benefit,                  | <b>2</b> 401(k) arrangement,                              |
|        | der penalties of perjury, I declare that I have examined this rect, and complete. Both copies of this page must be sig                          | application, including accord                         | mpanying statements, a  | and to the best of i             | my knowledge and belief it is true,                       |
| Signa  | nature 🕨  | Title 🕨   |   |                                  | Date ►  |
| For    | Paperwork Reduction Act Notice, see page 1 of   | the instructions.                                     | Cat. No.  | 12783Y                           | Form <b>5310-A</b> (5-91)                                 |

## < 5310-A > < 5/91 >

## Notice of Merger, Consolidation or Transfer of Plan Assets or Liabilities

(Under section 6058(b) of the Internal Revenue Code) File Form 5310-A in duplicate. See the Who Must File instructions before filing this form. OMB No. 1545-1225 Expires 4-30-94

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Department of the Treasury Internal Revenue Service

| The information provided  | on this form will be read by | computer. Therefore page    | 1 must be typed (except the | signature). Please |
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| enter information exactly | as requested and only in th  | e space provided. Do not ty | ype in shaded areas.        | 0                  |

| 01110 | mornation oxactly as requested and only in the space previace. De not type in shaded areas  |
|-------|---|
| 1a    | Name of plan sponsor (employer if single-employer plan)     1b     Employer identification number   |
|       | Address (number, street, room, or suite no. (If a P.O. box, see page 1 of the instructions)          >          >         Ic       Employer's tax year ends—N/A or (MM)   |
|       |   |
|       | City State ZIP code 1d Telephone number   |
|       |   |
| 2     | < > < > < > ( )<br>Person to be contacted if more information is needed. (If same as 1a, leave blank.)<br>(Complete even if Power of Attorney is attached):   |
|       | Name  |
|       | Address (number, street, room, or suite no. (If a P.O. box, see page 1 of the instructions)   |
|       |   |
|       | City State ZIP code Telephone number  |
|       |   |
|       | < > < > < > ( )   |
| 3a    | Name of Plan (Plan name may not exceed 66 characters.):   |
|       | <>  |
|       | <ul> <li>&gt; b Enter plan number (3 digits)</li> <li>&gt; c Enter date plan year ends (MMDD)</li> <li>d Enter date plan effective (MMDDYY</li> <li>e Enter number of participants in plan</li> </ul>   |
|       |   |
| 4a    | If this is a defined benefit plan, enter the appropriate number in box at left <b>AND</b> attach an actuarial statement of valuation showing compliance with the requirements of Code section 401(a)(12) and the regulations under section 414(l).      |
|       | Enter 1 for unit benefit Enter 3 for flat benefit   |
|       | Enter 2 for fixed benefit Enter 4 for other (specify)   |
| b     | If this is a defined contribution plan, enter the appropriate number in box at left <b>AND</b> attach an actuarial statement of valuation showing compliance with the requirements of Code section 401(a)(12) and the regulations under section 414(l). |
|       | Enter 1 for profit sharing Enter 4 for target benefit   |
|       | Enter 2 for stock bonus Enter 5 for other (specify)   |
|       | Enter 3 for money purchase  |
| 5a    | Is the employer a member of an affiliated service group?  |
|       | Enter 1 if "Yes" Enter 2 if "No" Enter 3 if "Not Certain"   |
| b     | Is the employer a member of a controlled group of corporations or a group of trades or businesses under common control?   |
|       | Enter 1 if "Yes" Enter 2 if "No"  |
| 6     | Enter type of plan:   |
|       | Enter 1 if governmental plan or church plan not subject to ERISA  |
|       | Enter 2 if multiple employer plan (described in section 413(c)). Enter number of participating  |
|       | employers   |
|       | Enter 3 if other  |
| 7     | Other plan(s) involved in transaction (see instructions):   |
| а     | Plan name < >   |
| b     | Name of employer < >  |
| С     | Employer Identification number < > d Plan number (3 digits) < >   |
| е     | Date of merger, consolidation or transfer (MMDDYY) < >  |
| f     | Type of plan < > . Enter the number to indicate type of plan: 1 defined benefit, 2 401(k) arrangement, 3 ESOP 4 money purchase, or 5 Other.   |
|       | penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true t, and complete. Both copies of this page must be signed.                               |
| Signa | ture  Title  Date   |

| For Paperwork Reduction Act Notice, see page 1 of the instructions. | Cat. No. 12783Y | Form <b>5310-A</b> (5-91) |
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