							_
<	5310-A >	Notice of Plan Merge Assets or Liabilities;					OMB No. 1545-1225
< F	Rev.6/97>	,			Internal Revenu		For IRS Use Only
	ment of the Treasury			Form 5310-A	-		
	I Revenue Service				ore filing this for		
		led on this form will be read ty as requested and only in					signature). Please
Rea	<b>son for filing</b> (see	specific instructions for coo	le to enter	): <	>		
Pa	t I All filers r	nust complete lines 1 and	12				
		sor (employer if single-employer		ason for filing 1	was entered abov	/e) 1b Employer ide	ntification number
	<> <>						
	Address (number, street, room, or suite no. (If a P.O. box, see page 3 of the instructions.) <b>1c</b> Employer's tax year ends—N/A or						ear ends—N/A or (MM)
	< City		St	ate	ZIP code	_ / 1d Telephone nu	mbor
	<		> <		ZIF COUE		inibei
2	·		· —		ank.) (Complete e	ven if Power of Attorney	uis attached).
-	Person to contact if more information is needed. (If same as line 1a, leave blank.) (Complete even if Power of Attorney is attached): Name						
	Address (number, street, room, or suite no. (If a P.O. box, see page 3 of the instructions.)						>
	•	, street, room, or suite no. (I	f a P.O. bo	ox, see page 3	s of the instructi	ions.)	
	<		St	ate	ZIP code	Telephone nu	>
	<		> <	> <	ZIF COUE	> ( )	Inder
Par		e lines 3 through 5 if this i			erger or cons		r transfer of plan
	assets or	liabilities to another plan			5	· · · ·	•
3a	Name of plan (plan name may not exceed 66 characters):						
_	<u> </u>	<u> </u>					>
b		> Enter plan number (3 di	gits) <	>	If "Vee " outor	1 If #No. % optor	2
48	Is this a defined I	ach an actuarial statement of	•	-		1. If "No," enter	
	regulations under	section 414(I).		nowing compli		quirements of section	
4b	If this is a defined	contribution plan, enter the a	ppropriate	code (see instr	ructions) in the b	ox AND attach an act	uarial statement of
	valuation showing	compliance with the requirer	nents of se	ctions 401(a)(1	2) and 414(l).	<>	
5		olved in the transaction (see					>
а		mber of plans involved in the wing information for the other					
b		other plan is involved in the	•		•	•	• •
С	Plan name: < _	p					>
d	Name of employe	er: <					>
е	Employer identifie				_ > _ f Pla	n number (3 digits):	< >
g		r consolidation, spinoff, or tr		olan assets or	liabilities (MMD	DYY): <	>
h	Type of plan (see	instructions for code to ent	er):		/		
Par	t III Complet	e lines 6 through 11 if yo	u are filin	g a notice of	qualified sep	arate lines of busin	ess (QSLOB).
6a	Has the employer	previously filed a notice of Q	SLOB? <		> If "Yes," en	ter "1" and complete	lines 6b and 6c.
_						er "2" and skip lines	
		y of the first testing year for				<	_ >
_		ate (MMDDYY) and filing loc for which this notice applies		< vi· _ <	> < _	>	/
7 8		form to give notice that you a			ed notice and th	at you are no longer te	sting on a OSLOB
2				_ p. c. louoij iii			

Under penalties of perjury, I declare that I have examined this notice, including accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete. Both copies of this page must be signed.

Title 🕨

Signature 🕨

For Paperwork Reduction Act Notice, see page 1 of the instructions.

If "No," enter "2" and complete lines 9, 10, and 11.

If "Yes," enter "1," complete line 9 and skip lines 10 and 11.

Date 🕨

(continued on page 2)

(cor	ntinued from page 1)						
9	Check the box(es) for the appropriate code section(s) for which the employer is testing on a QSLOB basis (or for which the employer tested, if the answer to line 8 is "Yes").    Section 410(b) Section 401(a)(26) Section 129(d)(8)   On an attached list, identify each QSLOB operated by the employer. See the line 10 instructions for more details.						
11 a	Enter the following information relating to each plan maintained by the employer. If more than 1 plan, attach a schedule for each plan showing the information requested on lines 11a through 11e. See the instructions. Name of plan:						
b	Date (MMDDYY) of determination letter, if any:						
С	Date (MMDDYY) of letter and serial number of opinion/notification letter:						
d	Date (MMDDYY) and location of pending determination letter request, if any:						