Attention:

This form or schedule is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

Form **5500-EZ**

Department of the Treasury

Internal Revenue Service

Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan

This form is required to be filed under section 6058(a) of the Internal Revenue Code.

► Complete all entries in accordance with the instructions to the Form 5500-EZ. Official Use Only

OMB No. 1545-0956

2004

This Form is Open to Public Inspection.

F	Part I Annual Ret	turn Identifi	cation Information			2	
	or the calendar plan y fiscal plan year beg			and	ending	MVDD	
	This voture is:	(4)	the first veture filed for the plan.	(2)	the final ve	eturn filed for the p	Jan
Α	This return is:	(1)	the first return filed for the plan;	(3)	the infatte	itum med for the p	nari,
		(2)	an amended return;	(4)		an year return 12 months).	
В	If filing under an extens	sion of time, che	eck box and attach required information.	(see instruct	tions)		>
P	Part II Basic Plan	Information	enter all requested information	on.			
1	a Name of plan			4,			
	1b Three-digit plan n	number (PN)		Date plan firs			
Ca	aution: A penalty for the	e late or incom	plete filing of this return will be asses	sed unless i	reasonable cause	is established.	
atta			s set forth in the instructions, I declare that I h f this return if it is being filed electronically, a				
	gnature of employer or					,,,	
S	IGN HERE	Ollin			Date		
	Type or print name of ind	ividual signing as	employer or plan administrator				
_	- 0					_	
Fo	or Paperwork Reduction	Act Notice, se	ee the instructions for Form 5500-EZ.		Cat. No. 63263R	Forr	m 5500-EZ (2004)

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2a	Employer's name and address (Address should include room of	or suite no.)	Ch
1)			32
2)	c / o		
3)			(D,
4)			2b Employer Identification Number (EIN) (Do not enter your Social Security Number)
5)			
6)		2c Employer's telephone number	
7)			2d Business code (see instructions)
8)			
9)		(0)	
3a	Plan administrator's name and address (If same as employer,	enter "Same")	
1)			
	Name Continued	er l	
2)	c / o		
3)	Street		
4)	City		3b Administrator's EIN
5)	State Zip Code		
6)	Foreign Routing Code 30		3c Administrator's telephone number
7)	Foreign Country		
4	If the name and/or EIN of the employer has changed since the last return below:	last return filed for this pla	n, enter the name, EIN and the plan number from the
а	Employer's name		
b	EIN C PN	N	
	*		



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5	Preparer inf	ormatic	n (ontional)				Official Use Only
а			n (optional) n name, if applicable	e) and address			.0
1)							
							K21
2)							<
3)						b EIN	
4)						-50	
5)						c Telephone num	ber
6)							
6	Type of plan:	(a)		efit pension plan (other than a pla Code section 412(i))	an (d)	Profit-sharing pla	an
		(b)	Defined ben Code section	efit pension plan described in n 412(i)	(e)	Stock bonus pla	n
		(c)	Money purch	nase pension plan (see instruction	ns) (f)	ESOP plan (atta	ach Schedule E (Form 5500)
	If this is a made Check if this p			rototype plan, enter the opinion/no	otification letter num	ber ▶	
	(1)	Self-emp	oloyed individuals,	(2) Partner(s) in a	a partnership, or	(3)	100% owner of corporation
8a	Enter the num	nber of o	qualified pension bei	nefit plans maintained by the emp	oloyer (including this	plan)	>
b	Check here if	you hav	ve more than one pl	an and the total assets of all plan	s are more than \$1	00,000 (see instruction	ons)
				3			Number
9	Enter the num	nber of p	participants in each	category listed below:			Number
а	Under age 59	1/2 at t	the end of the plan y	/ear			
b	Age 59 1/2 or	older a	t the end of the plan	n year, but under age 70 1/2 at th	e beginning of the p	olan year	
С	Age 70 1/2 or	older a	t the beginning of th	ne plan year			
	8						



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I0a	 (1) Is this a fully insured pension plan which is funded entirely by insuff "Yes," complete lines 10a(2) through 10f and skip lines 10g thr (2) If 10a(1) is "Yes," are the insurance contracts held: 	ough 13	d.)	Yes under a trust	(2)	No with no trust
b	Cash contributions received by the plan for this plan year							
С	Noncash contributions received by the plan for this plan year							
d	Total plan distributions to participants or beneficiaries (see instruction	າຣ)			19			
е	Total nontaxable plan distributions to participants or beneficiaries							
f	Transfers to other plans							
g	Amounts received by the plan other than from contributions							
h	Plan expenses other than distributions	O,						
	(a) Beginning of Year				(b	End of Ye	ear	
	Total plan assets Total plan liabilities							
12	Specific Assets: If the plan held assets at any time during the plan current value of any assets remaining in the plan as of the end of the					eck "Yes" aı	nd enter the	
		Yes	No			Amount		
а	Partnership/joint venture interests							
b	Employer real property							
С	Real estate (other than employer real property)							
l		0	0 4	0 B				┙

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		Yes	No	Amount
12d	Employer securities			.00
е	Participant loans (see instructions)			.00
f	Loans (other than to participants)			.00
g	Tangible personal property			.00
13	Check "Yes" and enter amount involved if any of the following transactions took place between the plan and a disqualified person during this plan year. Otherwise, check "No."	Yes	No	Amount
а	Sale, exchange, or lease of property			.00
b	Payment by the plan for services		0	.00
С	Acquisition or holding of employer securities			
d	Loan or extension of credit			
	0			Yes No
14a	Does your business have any employees other than you and your sp their spouses)?			r partners and
	If 14a is "No," do not complete line 14b or line 14c. See the specific	instruct	ions for	line 14b and line 14c.
b	Total number of employees (including you and your spouse and your	r partnei	rs and t	heir spouses)
С	Does this plan meet the coverage requirements of Code section 410	(b)?		······································
15a	Did the plan distribute any annuity contracts this plan year?			· · · · · · · · · · · · · · · · · · ·
b	During this plan year, did the plan make distributions to a married paraigning and survivor annuity or were any distributions on account of the beneficiaries other than the spouse of that participant?	death o	of a mai	rried participant made to
С	During this plan year, did the plan make loans to married participants	s?		▶ □