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.

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

Service Provider Information

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2004

This Form is Open to Public Inspection.

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		endar plan year 2004 plan year beginning							а	nd en	ding			4		D.			
A	Name	e of plan									В		Three- olan ni	0	er 🕨				
С	Plan	sponsor's name as shown on	line 2a o	f Form	5500						D		Emplo	yer I	dentif	icatio	on N	lumbe	er
Р	art I	Service Provider Info	ormatio	n (se	e ins	structio	ns)				O								
1		nter the total dollar amount of compensation paid by the plan to all persons, her than those listed below, who received compensation during the plan year:																	
2	desc	on the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in escending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should inter N/A in (c) and (d).																	
	(a) Name																		
	(b)	Employer identification number	er (see ins	struction	ıs)		G)												
	(c) (d)	Official plan position Relationship to employer, employee organization, or per known to be a party-in-interes		Со	n	to	ас	t	a c	m l	i n	i	s t	r	а	t	0	r	
	(e)	Gross salary or allowances pa	ees and	nd commissions paid by plan						(g) Nature of service code(s)									
				Q									`	ee struc	tions)	ŀ	1 2	2	
	(a)	Name	6																
	(b) Employer identification number (see instructions)																		
	(c)	Official plan position																	
	(d)	Relationship to employer, employee organization, or per known to be a party-in-interest																	
	(e)	Gross salary or allowances pa			(f) F	ees and	comm	nissions	paid by	plan			(s	ee	of se	rvice	cod	e(s)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2004



(a)	Name										
(1-)											
(b)	Employer identification number (see instructions)										
(c)	Official plan position										
(d)	Relationship to employer, employee organization, or person known to be a party-in-interest										
(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan	(g) Nature of service code(s)									
		(see instructions)									
(a)	Name	. 5									
(b)	Employer identification number (see instructions)										
(c)	Official plan position										
(d)	Relationship to employer, employee organization, or person										
	known to be a party-in-interest										
(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan	(g) Nature of service code(s) (see									
	.00	instructions)									
(a)	Name										
(b)	Employer identification number (see instructions)										
(5)	Employer Identification number (see instructions)										
(c)	Official plan position										
(d)	Relationship to employer, employee organization, or person known to be a party-in-interest										
(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan	(g) Nature of service code(s)									
	00	(see instructions)									
(a)	Name	,									
(1-)											
(b)	Employer identification number (see instructions)										
(c)	Official plan position										
(d)	Relationship to employer, employee organization, or person known to be a party-in-interest										
(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan	(g) Nature of service code(s)									
	.00	(see instructions)									



