	SCHEDULE C		Comi		idor In	formo	4100			Off	icial Use Only
	(Form 5500)	,	Servi	ce Prov	ider in	forma	tion			OMB I	No. 1210-0110
	epartment of the Treasury nternal Revenue Service	This		is required t e Retirement				e		2	003
	Department of Labor Benefits Security Administration Benefit Guaranty Corporation		► Fil	e as an atta	chment to F	Form 5500.					rm is Open to c Inspection.
	endar plan year 2003 plan year beginning					and e	nding		MK	D D	
Nam	e of plan						В		ee-digit number	►	
Plan :	sponsor's name as shown	on line 2a of	Form 550	0			D	Emp	bloyer Ide	entificati	on Number
Part I	Service Provider I	nformation	(see ir	struction	s)		0				
	Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year:										
des	On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).										
(a)	Name				Ś						
					0						
(b)	Employer identification nun	nber (see instr	uctions)		2						
(c)	Official plan position		Con	tra	c t	a d m	in	i s	t r	a t	o r
(d)	Relationship to employer, employee organization, or known to be a party-in-inte	person									
(e)								Nature o	of service	code(s)	
		00	2						(see instructio	ons)	1 2
(a)	Name										
(b)	Employer identification number (see instructions)										
(c)	Official plan position										
(d)	Relationship to employer, employee organization, or known to be a party-in-inte										
(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan							(g)	Nature o	of service	code(s)
									(see instructio	ons)	



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(a)	Name								
(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)		mmissions paid by plan	(g) Nature of service code(s)						
			(see instructions)						
(a)	Name								
()									
(b)	Employer identification number (see instructions)								
(c)	Official plan position								
(d)	Relationship to employer, employee organization, or person								
(0)	known to be a party-in-interest	mmissions paid by plan	(g) Nature of service code(s)						
(e)			(see						
(a)	Name	.00	instructions)						
(a)	Name								
(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 co	mmissions paid by plan	(g) Nature of service code(s) (see						
			instructions)						
(a)	Name								
(b)	Employer identification number (see instructions)								
(c) (d)	Official plan position Relationship to employer,								
(1)	employee organization, or person known to be a party-in-interest								
(e)		mmissions paid by plan	(g) Nature of service code(s)						
			(see instructions)						
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	K								
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		0 0 2 0 E							
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