**SCHEDULE A**
(PBGC Form 1) 2006

**Single-Employer Plan**
(See Part E for Item-by-Item Instructions)

Photocopies and downloaded forms may be filed (see instructions).

<table>
<thead>
<tr>
<th>3-digit PN</th>
<th>9-digit EIN</th>
<th>3-digit PN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PB0646</td>
<td>995706</td>
<td></td>
</tr>
</tbody>
</table>

(a) Plan Year from Form 1 item 12(a): 2006
(b) EIN/PN from Form 1 item 3 (a) and (b):

(c) Plan Name:

**SECTION ONE: FILING METHOD.**

1. Check a single box and go to item 2. See Section Five for required certifications.
   - (a) General Rule.
   - (b) Alternative Calculation Method (ACM).
   - (c) Modified ACM for Plan Terminating in Distress or Involuntary Termination with proposed termination date (on or before the snapshot date) of: ..........

**SECTION TWO: UNFUNDED VESTED BENEFITS.**

2. Present Value of Vested Benefits: Plan Values are determined as of: .......... The assumed retirement age is ... years. The adjusted values are based on:
   - Required Interest Rate of %
   - and an accrual factor of .......

<table>
<thead>
<tr>
<th>(a) Plan Value of Vested Benefits (ACM filers only)</th>
<th>(b) Adjusted Value of Vested Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>Interest Rate</td>
</tr>
<tr>
<td>-------</td>
<td>---------------</td>
</tr>
<tr>
<td>(1) Retirees/beneficiaries receiving payments</td>
<td></td>
</tr>
<tr>
<td>(2) Participants not receiving payments</td>
<td></td>
</tr>
<tr>
<td>(3) Total (item(1) plus item (2))</td>
<td></td>
</tr>
</tbody>
</table>

3. Value of Plan Assets:
   - (a) Enter value of Plan Assets as of .........
   - (b) Enter contribution receivables included in item 3(a). ..........
   - (c) Discounted paid contributions.
     (Note: For plans with fewer than 500 participants, this item is optional) ..........
   - (d) Enter adjusted value of plan assets (item 3(a) minus item 3(b) plus item 3(c)). ..........

4. Significant Events (ACM or Modified ACM filers with 500 or more participants only):
   - (a) Check each significant event (S.E.) that occurred between the determination date entered in item 2 of this Schedule A and the premium snapshot date (see Part A.7 of instructions (pp. 4-6) for definitions):
     - S.E. (1)  S.E. (2)  S.E. (3)  S.E. (4)  S.E. (5)  S.E. (6)  S.E. (7)  No Significant Events
   - (b) Total amount of adjustment due to significant events (If this amount is negative, please check this box): ..........

5. Adjusted Unfunded Vested Benefits: Enter adjusted unfunded vested benefits. (ACM filers see instructions, pp. 41-42, for interest and significant events adjustments) .............
SECTION THREE: VARIABLE-RATE PREMIUM.

6. Variable-Rate Premium: Enter here and on Form 1, item 14(c), either ..............................
   (a) $0, if item 5 was $0; or
   (b) the amount in item 5 multiplied by 0.009.

SECTION FOUR: PARTICIPANT NOTICE.

7. Participant Notice Requirement
   For the 2005 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011:
   (1) □ Was not required to be issued; or
   (2) □ Was issued on time and in accordance with all other applicable requirements; or
   (3) □ An explanation is attached.

SECTION FIVE: CERTIFICATIONS.

8. Certification of Plan Administrator. The plan administrator must sign and complete this item. See instructions, p. 42.
   I certify under penalty of perjury that, to the best of my knowledge and belief, the information in this Form 1 (including Schedule A and attachments) is true, correct, and complete.
   M M D D Y Y Y Y
   Signature of Single-Employer Plan Administrator
   Date
   Print or type first name of individual who signs
   Print or type last name of individual who signs
   Business E-mail Address (Optional)

9. Certification of Enrolled Actuary. An Enrolled Actuary must sign and complete the certification below if box 1 (a) is checked, or if the plan has 500 or more participants and box 1 (b) or 1 (c) is checked.
   I certify under penalty of perjury that, to the best of my knowledge and belief, the information in items 2 through 6 is true, correct, and complete.
   M M D D Y Y Y Y
   Enrollment Number
   Signature of Enrolled Actuary
   Date
   Print or type first name of individual who signs
   Print or type last name of individual who signs
   Business E-mail Address (Optional)
   Telephone Number (Optional)
   Street Address
   City
   State
   Zip Code