

EXPLANATION

NOTICE OF FAILURE TO MAKE REQUIRED CONTRIBUTIONS

PBGC Form 200 OMB Control No. 1212-0041 Expires 05/31/2027

This form is for <u>illustrative purposes only</u> . Fo portal: efilingportal.pbgc.gov. For questions regarding			
GENERAL PLAN INFORMATION			- 17
Name of Plan		Plan year commencement	date
EIN of contributing sponsor / Plan number		EIN/PN used in previous fi	lings, if different
Plan Administrator:		Contributing Sponso	or:
Name of Plan Administrator		Name of Contributing Sponsor	
Street address of Plan Administrator		Street address of Contributing Sponsor	
City, State, Zip	0	City, State, Zip	
Telephone number Ext.		Telephone number	Ext.
Individual to Contact:	10		
Name of contact		Street address of contact	
Title of contact		City, State, Zip	
Email of contact		Telephonenumber	Ext.
PLAN FUNDING INFORMATION Due date of required	Total unpaid balance of required payments (including interest)		
payment that resulted in requirement to notify PBGC	Amount of required payment that resulted in requirement to notify PBGC		

Describe the required payment that resulted in the requirement to notify PBGC and state how the total unpaid balance of required payments (including interest) was determined. (See Appendix instructions for details) Attach additional pages if necessary.

ADDITIONAL INFORMATION TO BE FILED

Check box to indicate the item is attached. If not attached, explain below.

For each controlled group member:	Reason contribution was not made by due date
Name, address, telephone number and EIN of each controlled	Copy of any IRS letter(s) granting or modifying a funding
group member	waiver and/or extension of the amortization period
Name, address, telephone number and EIN of the ultimate parent of the controlled group	Statement describing any pending request(s) for a funding waiver and/or extension of the amortization period
Name, address, telephone number and EIN of each contributing sponsor of the plan	Actuarial Information (see Form 200 instructions)
Location of all real property owned by each member of the controlled group	Copies of financial statements for the most recent three fiscal years available, and the most recent available interim
Name and address of the controlled group's principal executive offices	financial statement, for each member of the plan's controlled group, including the contributing sponsor and
Operational status of each controlled group member (in	the ultimate parent
Chapter 7 proceedings, liquidating outside of bankruptcy, in	
Chapter 11 proceedings, on-going, etc.)	Co
FILING INFORMATION	
Notice Due Date	Notice Filing Date (if late, explain below)
REASON FOR LATE FILING	
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ENROLLED ACTUARY CERTIFICATION

I certify that, to the best of my knowledge and belief, the Plan Funding Information and related explanation above is true, correct, and complete and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. §1001.

Name	Street address
Enrollment number	City, State,Zip
Company/Firm	Telephone number
	Co
Signature	Filing Date

CONTRIBUTING SPONSOR OR PARENT CERTIFICATION

I certify that, to the best of my knowledge and belief, the information provided in this Form 200 is true, correct, and complete, and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. §1001.

Name and Title

Name of contributing sponsor or parent

Signature

Street address

City, State, Zip

Filing Date