

ADVANCE NOTICE OF REPORTABLE EVENTS

This form is for <u>illustrative purposes only.</u> Form 10-Advance e-filing portal: efilingportal.pbgc.gov. For questions regardir advancereport@pbgc.gov.	
IDENTIFYING INFORMATION	
Plan Name	Name / title of individual to contact at Filer
Name of contributing sponsor	Email address of contact
Street address of contributing sponsor	Street address of contact
City, state, Zip	City, State, Zip
EIN of contributing sponsor Plan number	Telephone number of contact Ext
REPORTABLE EVENTS See instructions for descriptions	of these events. Check all boxes that apply.
 Change in controlled group Liquidation 	Application for minimum funding waiver Loan Default
Extraordinary dividend or stock redemption	Insolvency or similar settlement
Transfer of benefit liabilities	
BRIEF DESCRIPTION Briefly describe the pertinent fac	cts relating to each event.

The next page lists additional information that must be submitted with this form, if not included above.

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Check box to indicate the item is attached. If not attached, explain on next page.

Change in Controlled Group

Description	of the	plan's	old	and	new	control	led	group
structures,	includi	ng th	e n	ame	of	each	cont	rolled
group mem	ber							

Name	of	each	plan	maintained	by	any	mem	nber	of	the
plan's	olo	1 and	new	/ controlled	gr	oups,	its	con	trib	uting
sponse	or(s)) and I	EIN/PI	N						

Company financial information (see instructions)

Liquidation

Description of the plan's old and new controlled group structure, including the name of each controlled group member
Operational status of each controlled group member (in Chapter 7 proceedings, liquidation outside of bankruptcy, on-going, etc.)
Name of each plan maintained by any number of the plan's controlled group, its contributing sponsor(s) and EIN/PN
Actuarial Information (see instructions)
Company financial information (see instructions)
If the plan sponsor resolves to cease all revenue-generating business operations, sell substantially all its assets, or otherwise effect or implement its complete liquidation, provide:

- Date on which such resolution was made
- Most recent pension plan document(s)
- Address of each controlled group member
- The Internal Revenue Service Determination Letter indicating the plan is a covered plan, if applicable

the waiver) including all details supporting the calculations and all assumptions, to the extent not included in the waiver application

Extraordinary Dividend or Stock Redemption

Name and EIN of person making the distribution	Name, address and phone number of any trustee, receiver or similar person
 Date and amount of cash distribution(s) during fiscal year Description, fair market value, and date or dates of any non-cash distributions 	Docket number of court filing and location of the cours where any relevant proceeding was or will be filed (known)
Statement whether the recipient was a member of the plan's controlled group	Description of the plan's controlled group structure including the name of each controlled group member
Actuarial Information (see instructions)	Name of each plan maintained by any member of the plan's
Company financial information (see instructions)	controlled group, its contributing sponsor(s) and EIN/PN Actuarial Information (see instructions)
Application for Minimum Funding Waiver	Company financial Information (see instructions)
Copy of waiver application, with all attachments	
Minimum funding projections for the next 5 years (with and without	

Transfer of Benefit Liabilities

	Name, contributing sponsor, EIN/PN, and contact information of transferee plan(s)
	Description of the transferor and transferee's controlled group structures, including the name of each controlled group member
	Explanation of the actuarial assumptions used in determining the value of benefit liabilities (and, if appropriate, plan assets) transferred
	Estimate of the assets, liabilities, and number of participants whose benefits are transferred Actuarial Information (see instructions)
Note	Financial Information for the transferor and transferee's controlled group (see instructions) e: To the extent this information is filed with the IRS Form
	DA, PBGC will accept a copy of that filing.
Loa	an Default
	Copy of the relevant loan documents (e.g., promissory
	note, security agreement, loan agreement amendments and waivers) Due date and amount of any missed payment
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If all the required information has not been submitted with this Form 10-Advance, you must explain below.

FILING INFORMATION	
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Date of Event	Notice Due Date
Notice Filing Date (if late, explain below)	Filing Extension Claimed (if any, explain below)
CERTIFICATION	
	information submitted in this filing is true, correct, and complete. In making this ing false, fictitious, or fraudulent statements to the PBGC is punishable under 18

Signature of Individual Submitting Form

Name and Title of Individual Submitting Form

Telephone Number of Individual Submitting Form

Employer of Individual Submitting Form