



Annual Premium Payment

For Plan Years Beginning in Calendar Year 2007



Check for Amended Filing Check for Disaster Relief (see instructions)
See the 2007 Instructions for Final Premiums for the instructions for Form 1

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

1. Plan Sponsor			2. Plan Administrator		
Check for name/address change <input type="checkbox"/>			Check for name/address change <input type="checkbox"/>		
Check if you do not want paper instructions next year <input type="checkbox"/>			Check if same as plan sponsor and go to Item 3 <input type="checkbox"/>		
Name			Name		
Address Line 1			Address Line 1		
Address Line 2			Address Line 2		
City	State	Zip	City	State	Zip

3. Employer Identification Number/Plan Number (EIN/PN), Electronic Filing

(a) Enter 9-digit EIN (b) Enter 3-digit PN

(c) Does EIN/PN match entry on 2006 Form 5500? Yes No 2006 Form 5500 not required.
If no, attach explanation, check box in item 18, and enter EIN/PN from 2006 Form 5500: 9-digit EIN 3-digit PN

(d) Did PBGC grant the plan an exemption from required electronic filing for this premium filing? Yes No, attach explanation and check box in item 18.

4. If EIN and PN in item 3 (a) and (b) above are NOT BOTH the same as on the most recent premium filing, enter both prior EIN and prior PN.

(a) Prior 9-digit EIN (b) Prior 3-digit PN (c) Effective Date of Change
M M D D Y Y Y Y

5. Plan Coverage Status (check one) (a) Covered (b) Uncertain (If uncertain, you should file. See instructions, page 27.)

6. Is this the first year's premium filing for this plan? No Yes If yes, enter the following dates.

(a) Plan effective date M M D D Y Y Y Y (b) Plan adoption date M M D D Y Y Y Y (c) Plan coverage date M M D D Y Y Y Y

7. Transfers from disappearing plans:

Has a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to this plan since the most recent premium filing? (See instructions, page 27.) No Yes
If yes, give EIN/PN of each disappearing transferor plan and effective date of transfer, and indicate whether it was a merger (M), consolidation (C), or spinoff (S).

Transferor's 9-digit EIN	3-digit PN	M M	D D	Y Y Y Y	Transfer Type		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	C <input type="checkbox"/>	S <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	C <input type="checkbox"/>	S <input type="checkbox"/>

(If more than 2, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types, and check the box in item 18.)

8. Business Code and CUSIP number

(a) Enter 6-digit Business Code: (b) Enter first 6 digits of CUSIP number:

9. Name of Plan:





235749

EIN/PN from item 3 (a) and (b)

10. Name and Phone Number of Plan Contact

(a) Name:

(b) Area Code and Phone Number

11. Plan Type (Check appropriate box to indicate type of plan and type of filing.)

Multiemployer plan

Single-Employer plan (Includes Multiple Employer plan)

12. (a) This premium is for the plan year beginning:

MM

DD

YYYY

(b) This premium is for the plan year ending:

MM

DD

YYYY

(c) Check here if the plan year beginning date has changed since last filing with PBGC

(d) Adoption date of plan year change:

MM

DD

YYYY

13. Enter PARTICIPANT COUNT for the plan year specified in item 12.

(See instructions, page 29.)

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14. (a) MULTIEMPLOYER premium:

Multiply item 13 by the \$8 premium rate and enter amount

14(a)

(b) SINGLE-EMPLOYER flat-rate premium:

Multiply the participant count in item 13 by \$31

14(b)

(c) SINGLE-EMPLOYER variable-rate premium:

From Schedule A, item 6

14(c)

(d) SINGLE-EMPLOYER total premium:

Add items 14(b) and 14(c). Enter amount

14(d)

15. Premium credits (See instructions, page 29.)

(a) Amount paid with 2007 estimated filing

15(a)

(b) Other credit (including any credit claimed in the 2007 estimated filing and any short-year credit). (See instructions, page 29.)

15(b)

(c) Total credit: Add items 15(a) and 15(b). Enter amount

15(c)

16. Amount due. If the amount in item 14(a) or 14(d) is LARGER than the amount in item 15(c),

subtract item 15(c) from item 14(a) or 14(d) and enter the amount due in item 16

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See page 30 of instructions for payment methods. Indicate how you are paying the amount due:

by check enclosed with this form, or

by electronic payment.

17. Overpayment. If the amount in item 14(a) or 14(d) is SMALLER than the amount in item 15(c), subtract item 14(a) or 14(d) from item 15(c) and enter the overpayment in item 17

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An amount of overpayment may be refunded or credited against the plan's next premium filing.

If you want to take a credit, check here:

If you want a refund, check here:

For a refund by electronic funds transfer, indicate whether transfer is to a checking account

or savings account

and

enter the bank routing number

and account number for the refund

and sub-account number (if any)

18. If you have attachments other than Schedule A, check here:

Put EIN/PN (item 3(a) and (b)) and date premium payment year commenced (PYC) on each sheet.

19. Multiemployer Plan Declaration (NOTE: SINGLE-EMPLOYER Plan Administrators must sign the certification in item 8 of Schedule A.)

I certify under penalty of perjury, to the best of my knowledge and belief, that all the information in this filing is true, correct, and complete and has been determined in accordance with PBGC's premium regulations and instructions.



Signature of Multiemployer Plan Administrator

MM

DD

YYYY

Date

Print or type first name of individual who signs

Print or type last name of individual who signs

Business E-mail Address (Optional)