



U.S. Department of Justice

United States Trustee, Region 15
Southern District of California, Hawaii
Guam and Northern Mariana Islands

880 Front Street (619) 557-5013
Suite 3230 Fax (619) 557-5339
San Diego, California 92101

CASE NAME: Debtor's Name CASE NUMBER: 0

EIN: _____ Employer maintains a group health pension plan

Is this a public corporation? Yes No

1. If the debtor sponsors a group health or dental plan, complete the information. If NO, go to #2.

Premiums paid through employee contributions employer contributions
Are the premium payments current? Yes No
Benefits paid from employee contributions general assets of the company

Name and address of responsible officer: _____

2. If the debtor sponsor a pension plan, complete the information below. If NO, got to #3.

401(k) Plan Profit Sharing Plan Defined Benefit Plan
 Money Purchase Plan Employee Stock Ownership Plan

Name and address of responsible officer: _____

Does the employee make contributions to the Plan? Yes No

Have all employee contributions been forwarded to the trust Yes No

If the debtor maintains a defined benefit or money purchase plan, are they fully funded? Yes No

Have any trustees, officers, owners or board members of the debtor received any distributions from the plan within the last year? If so, please provide the name(s), address(es) and title:

Debtor's Name
Case Number: 0

Have any trustees, officers, owner or board members received any loans from the plan that are not participant loans? If so, please provide the name(s), address(es) and title:

Has the debtor company received any loans from the plan? If so, please state the approximate date, amount and purpose of the loan.

3. I declare under penalty of perjury that the answers contained in the foregoing question are true and correct.

Dated: _____
Debtor in Possession