



U.S. Department of Justice

United States Trustee Central District of California

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Debtor: _____ Bankruptcy Case # _____

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 below. Yes ___ . 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, address and telephone number of responsible officer: _____

2. If the debtor sponsors a pension plan, complete the information below. Yes ___ . If No, go to #3.

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

Name, address and telephone number of responsible officer: _____

Does the employee make contributions to the Plan? Yes No

Have all employee contributions been forwarded to the trust fund? Yes No

If the debtor maintains a defined benefit or money purchase plan, are they fully funded?

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, address and title for each individual:

Have any trustees, officers, owners or board members received any loans from the plan that are not participant loans? If so, please provide the name, address and title for each individual:

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 to the best of my knowledge.

Dated _____

By: _____