

<b>EMPLOYER INFORMATION</b>	Name of Adopting Employer _____ Address _____ City _____ State _____ Zip _____ Telephone _____ Adopting Employer's Federal Tax Identification Number _____ Name of Plan _____ Plan Sequence Number _____ Adopting Employer's Fiscal Year End _____ Account Number _____ (specify month and day)
<b>SECTION 1.</b>	<p><b>EFFECTIVE DATES</b> Complete Part A or B</p> <p><b>Part A. Effective Date</b>          This is the initial adoption of a profit sharing plan by the Employer.          The Effective Date of this Plan is _____.  <b>NOTE:</b> The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed.</p> <p><b>Part B. Restatement Date</b>          This is a restatement of an existing qualified plan (a Prior Plan).          The Prior Plan was initially effective on _____.          The Effective Date of this restatement is _____.  <b>NOTE:</b> The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed.</p>
<b>SECTION 2.</b>	<p><b>ELIGIBILITY</b> Complete Parts A through C</p> <p><b>Part A. Age Requirement</b>          An Employee will be eligible to become a Participant in the Plan for purposes of receiving an allocation of any Employer Profit Sharing Contribution made pursuant to Section Three of the Adoption Agreement, and will be eligible to become a Contributing Participant (and thus be eligible to make Elective Deferrals) after attaining age _____ (no more than 21).</p> <p><b>Part B. Years of Eligibility Service Requirement</b>          An Employee will be eligible to become a Participant in the Plan for purposes of receiving an allocation of any Employer Profit Sharing Contribution made pursuant to Section Three of the Adoption Agreement, and will be eligible to become a Contributing Participant (and thus be eligible to make Elective Deferrals) after completing _____ (enter 0, 1 or any fraction less than 1) Years of Eligibility Service.  <b>NOTE:</b> If either Part A or Part B is left blank, it shall be deemed that there are no age and Years of Eligibility Service requirements.</p> <p><b>Part C. Employees Employed As of Effective Date</b>          Will an Employee employed as of the Effective Date of this Plan who has not otherwise met the requirements of Parts A and B above be considered to have met those requirements as of the Effective Date (select one)?  <b>Option 1:</b> <input type="checkbox"/> Yes.  <b>Option 2:</b> <input type="checkbox"/> No.  <b>NOTE:</b> If no option is selected, Option 2 shall be deemed to be selected.</p>
<b>SECTION 3.</b>	<p><b>CONTRIBUTIONS</b></p> <p>Employer Profit Sharing Contributions, if any, shall be allocated to all Qualifying Participants pursuant to the pro rata allocation formula described in Section 3.01(B)(1) of the Plan. A Contributing Participant may elect under a salary reduction agreement to have his or her Compensation reduced by an amount equal to a percent of the Contributing Participant's Compensation not to exceed the limits imposed by Sections 401(k), 402(g), 404 and 415 of the Code. Elective Deferrals may commence on _____.</p>
<b>SECTION 4.</b>	<p><b>There are no elections required for Section 4. Refer to the Basic Plan Document for information regarding this section.</b></p>
<b>SECTION 5.</b>	<p><b>DISTRIBUTIONS AND LOANS</b> Complete Parts A through C</p> <p><b>Part A. Hardship Withdrawals of Elective Deferrals</b>          May a Participant request a distribution of his or her Elective Deferrals on account of hardship pursuant to Section 5.01(A)(6) of the Plan?  <b>Option 1:</b> <input type="checkbox"/> Yes.  <b>Option 2:</b> <input type="checkbox"/> No.  <b>NOTE:</b> If no option is selected, Option 1 shall be deemed to be selected.</p> <p><b>Part B. Attainment of Age 59½</b>          May a Participant who has attained age 59½ request a distribution from the Plan of that portion of the Participant's Individual Account attributable to Elective Deferrals while still employed by the Employer (select one)?  <b>Option 1:</b> <input type="checkbox"/> Yes.  <b>Option 2:</b> <input type="checkbox"/> No.  <b>NOTE:</b> If no option is selected, Option 1 shall be deemed to be selected.</p>

**Super Simplified 401(k) Plan**

STANDARDIZED ADOPTION AGREEMENT

<p><b>Part C.</b></p>	<p><b>Loans</b> May a Participant request a loan pursuant to Section 5.19 of the Plan? <b>Option 1:</b> <input type="checkbox"/> Yes. <b>Option 2:</b> <input type="checkbox"/> No. <b>NOTE:</b> <i>If no option is selected, Option 2 shall be deemed to be selected.</i></p>
<p><b>SECTIONS 6-7.</b></p>	<p><b>There are no elections required for Sections 6 and 7. Refer to the Basic Plan Document for information regarding these sections.</b></p>
<p><b>SECTION 8.</b> <b>Part A.</b></p>	<p><b>TRUSTEE AND CUSTODIAN</b> <i>Complete Parts A and B (as applicable)</i> <b>Custodian</b> <i>(This Part A must be completed unless a Trustee is named in Part B, below.)</i> Financial Organization _____ Address _____ Signature _____ Type Name _____ Title _____</p> <p><b>Part B.</b> <b>Trustee</b> <i>(This Part B must generally be completed unless the Plan covers one or more Self-Employed Individuals or satisfies another exception under Section 403(b) of ERISA. Select one.)</i> <b>Option 1:</b> <input type="checkbox"/> Financial Organization as Trustee <b>Option 2:</b> <input type="checkbox"/> Individual Trustee(s) The Trustee of this Plan shall be a: <input type="checkbox"/> Directed Trustee <input type="checkbox"/> Discretionary Trustee Name of Trustee _____ Address _____ Telephone _____ Signature _____ Title _____</p>
<p><b>SECTION 9.</b></p>	<p><b>EMPLOYER SIGNATURE</b> <i>Important: Please read before signing</i> <b>Prototype Sponsor</b> Name of Prototype Sponsor _____ Address _____ Telephone _____ <input type="checkbox"/> Check here if there is an attachment(s) that applies to this Plan <i>(If the box is checked, please describe the attachment(s) below.)</i> _____</p> <p><b>I am an authorized representative of the Adopting Employer named above and I state the following:</b> <b>1. I acknowledge that I have relied upon my own advisors regarding the completion of this Adoption Agreement and the legal tax implications of adopting this Plan;</b> <b>2. I understand that my failure to properly complete this Adoption Agreement may result in disqualification of the Plan;</b> <b>3. I understand that the Prototype Sponsor will inform me of any amendments made to the Plan and will notify me should it discontinue or abandon the Plan; and</b> <b>4. I have received a copy of this Adoption Agreement, the corresponding Basic Plan Document and, if applicable, any separate trust agreement used in lieu of the trust agreement contained in the Basic Plan Document.</b></p> <p>Signature of Adopting Employer _____ Date Signed _____ Type Name _____ Title _____</p> <p><b>NOTE:</b> <i>The Adopting Employer may rely on an opinion letter issued by the Internal Revenue Service as evidence that the Plan is qualified under Section 401 of the Code except to the extent provided in Revenue Procedure 2000-20, 2000-6 I.R.B. 553 and Announcement 2001-77, 2001-30 I.R.B. An Employer who has ever maintained or who later adopts any Plan (including a welfare benefit fund, as defined in Section 419(e) of the Code, which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in Section 419A(d)(3) of the Code, or an individual medical account, as defined in Section 415(l)(2) of the Code) in addition to this Plan may not rely on the opinion letter issued by the Internal Revenue Service with respect to the requirements of Sections 415 and 416 of the Code. If the Employer who adopts or maintains multiple plans wishes to obtain reliance with respect to the requirements of Sections 415 and 416 of the Code, application for a determination letter must be made to Employee Plans Determinations of the Internal Revenue Service. The Employer may not rely on the opinion letter in certain other circumstances, which are specified in the opinion letter issued with respect to the Plan or in Revenue Procedure 2000-20 and Announcement 2001-77. This Adoption Agreement may be used only in conjunction with Basic Plan Document #01.</i></p>