

ALUMA-FORM[®]

P.O. BOX 18555 • MEMPHIS, TN 38181-0555
PHONE: (901) 362-0100
FAX: (901) 794-9515

September 24, 1992

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
P.O. Box 75212
Washington, DC 20013-5212

Dear Sir or Madam: 05230

In accordance with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, Aluma-Form, Inc. declare that, as employer, it maintains three plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

The following complies with the reporting and disclosure requirements of Part 1 of the Act.

Employer: Aluma-Form, Inc. (EIN 62-0649170)
3625 Old Getwell Road
Memphis, TN 38118

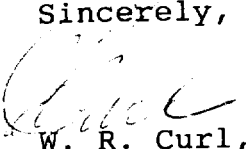
Plans: **Stock Equivalent Incentive Plan - Six Employees**

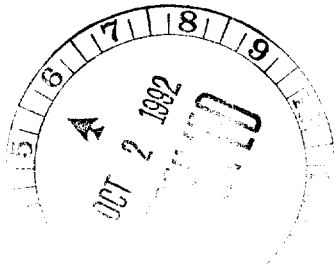
Deferred Compensation Agreement for Wayne D.
Mitchell - **One employee**

Deferred Compensation Agreements for John L.
Salmon - **One employee**

We are filing this information under the Department of Labor Announcement dated July 20, 1992. As such, we are enclosing a check in the amount of \$1,000. We understand that as a result, we are waiving our rights to contest the assessment and to receive written notice of the assessment.

Sincerely,


W. R. Curl,
Treasurer

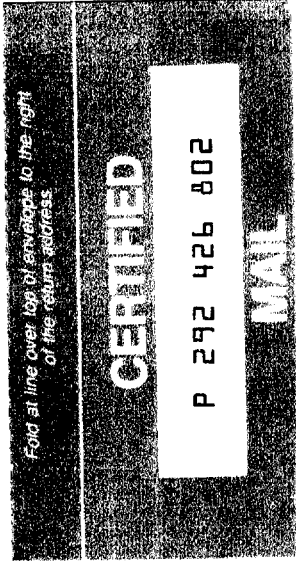
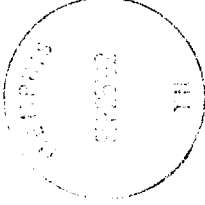
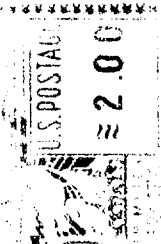


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