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NOTIFICATION LETTER TO DEPARTMENT OF LABOR

TO: Office of Pension Welfare Benefit Programs  
Labor Management Services Administration  
U.S. Department of Labor

FROM: Employer: Kimmel-Chaplain Pharmacy, LTD  
Employer Identification Number: 37-1103938  
Address: 205 Bailey Lane  
Benton, IL 62812  
Date: December 28, 1993

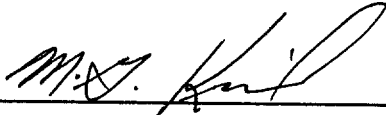
This document constitutes the statement required by 29 C.F.R. section 2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to non-qualified deferred compensation plans maintained by the above employer.

The employer maintains two (2) non-qualified deferred compensation plan for the following employees who are members of a select group of management or who are highly compensated:

B. Mike Kimmel

M. Greg Kimmel

Signed: \_\_\_\_\_



Administrator: Kimmel-Chaplain Pharmacy, LTD

Title: Secretary

Employer: \_\_\_\_\_

