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sterilite®

Sterilite Corporation Townsend, MA Tel. (508) 597-8702 Telex 5106018598 Sterilite UQ Fax (508) 597-5911

Secretary of Labor
Pension and Welfare Benefit Programs
U.S. Department of Labor
Washington, D.C. 20216

MAY 8 1990
RECEIVED

RE: Notification of: Salary Continuation or Supplemental Income Deferred Income Plan for: Sterilite Corporation

Dear Sir:

It is our understanding that under the Employee Retirement Income Security Act of 1974, the above type of Plan, whose benefits are paid from the direct assets of the Employer, is not subject to most of the rules of the Act, pertaining to Participation, Funding, and Vesting, nor are we required to file Form EBS-1 any longer in accordance with 29 CFR Part 2520.

In this regard, therefore, we would appreciate confirmation of the above, and are pleased to submit the following information:

1. Name of Employer: Sterilite Corporation
2. Address: P. O. Box 524, Townsend, MA 01469
3. Employer Identification Number: 04 2022262
4. Name of Plan: Supplemental Income Security Plan for Selected Senior Management Employees of Sterilite Corporation.
5. Number of Plans: 1
6. Approximate Total Number of Employees Covered: 12
7. Effective Date of Plan: February 1, 1990

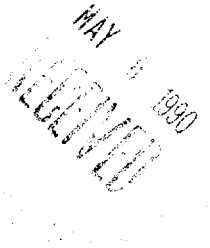
This is also to verify that the employees participating in the above Plan are either a select group of management or supervisory employees, or highly compensated.

April 26, 1990 — Date
[signature] — Signature
Vice President — Title

P.S. - Please address a copy of all correspondence on this Plan, or acknowledgements to:

Irving A. Backman
675 Massachusetts Avenue
Cambridge, MA 02139

Secretary of Labor
Pension and Welfare Benefit Programs
U.S. Department of Labor
Washington, D.C. 20216



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