

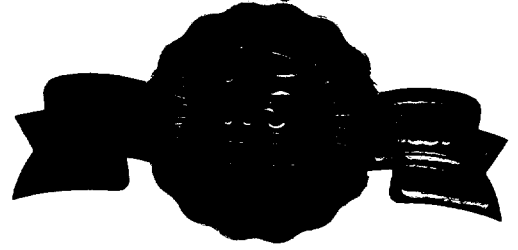
# QPS

**QUALIFIED PLAN SERVICES, LTD.**

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PUBLIC DISCLOSURE

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SMM PENSION AND WELFARE BENEFIT PROGRAMS  
U.S. Department of Labor  
200 Constitution Avenue N.W.  
Washington, D.C. 20116



RE: Summary Material Modifications

**Plan Name:** Christopher Bowlin's Foodland, Inc. Employees Profit Sharing Plan  
**EIN:** 37-0994840  
**Plan No.:** 002

Sir:

Enclosed is a copy of the Summary Material Modifications for the **Christopher Bowlin's Foodland, Inc. Employees Profit Sharing Plan.**

A copy of the enclosed has been distributed to each of the plan participants. Should there be any questions, please call me.

Sincerely,

Diana L. Frey  
Administrative Assistant

Enclosure: Summary Material Modifications

2520190031375

1119 Washington Street, Highland, IL 62249  
Phone: (618) 654-3100 or (314) 621-8929  
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**SUMMARY OF MATERIAL MODIFICATIONS TO THE  
DATAIR MASS-SUBMITTER PROTOTYPE  
CHRISTOPHER BOWLIN'S FOODLAND, INC.  
EMPLOYEES PROFIT SHARING PLAN**

By amendment made and dated 5-12-97, effective for the period commencing **June 28, 1996**, your **Christopher Bowlin's Foodland, Inc. Employees Profit Sharing Plan** has been amended in the following respect:

**A. Eligibility and Service Provisions**

1. **Eligible Employees** - Section 1.2.23 provides that all employees, including employees of certain related businesses and leased employees are eligible except for certain union members and non-resident aliens. (Specify all applicable)
- a. Plan Provision
  - b. Include members of collective bargaining unit
  - c. Exclude self-employed persons
  - d. Exclude Employees not employed by the Employer
  - e. Exclude commissioned Employees
  - f. Exclude hourly Employees
  - g. Exclude salaried Employees
  - h. Other - Specify. (Cannot discriminate in favor of Highly Compensated Employees).

**F. Distribution Provisions**

1. **Form of Distributions** - Section 2.5.2 provides that the Employer may elect to permit Plan distributions to be made in the form of: (Select all applicable)
- d. Installments over a period of years certain selected by the Participant that is less than the life of the Participant payable (Select one or more)
    - d.1. annually
    - d.2. quarterly
    - d.3. monthly
  - f. An annuity for the life of: (Select one or more)
    - f.1. the Participant
    - f.2. the Participant and spouse
    - f.3. the Participant and a designated beneficiary
  - h. An annuity for a period certain selected by the Participant that is less than the life of: (Select one or more)
    - h.1. the Participant
    - h.2. the Participant and spouse
    - h.3. the Participant and a designated beneficiary

***NOTE: Any number of options may be selected. Once selected, however, any option may not thereafter be eliminated. An annuity option for life or greater must be selected.***

***If an annuity option of life or long is selected Qualified Joint and Survivor Annuity provisions are required.***

A copy of your Plan is on file at your Employer's office and may be read by you, your beneficiary or your legal representatives at any reasonable time. If you have any questions regarding this Summary of Material Modifications, you should contact the Employer.