



**RAYMOND & PROKOP, P.C.**

ATTORNEYS AND COUNSELORS

• David J. Ledermann

26300 Northwestern Highway, 4th Fl. (248) 357-3010

P.O. Box 5058

Fax: (248) 357-2720

Southfield, Michigan 48086-5058

www.raypro.com

dledermann@raypro.com

ENCLOSURE  
02 AUG -6 PM 2:18

July 30, 2002

2520032902068

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

**Re: Hungry Howie's, Inc.  
Unfunded Non-Qualified Deferred Compensation Plan  
EIN: 38-2684876**

Dear Sir/Madam:

Enclosed is the original and one (1) copy of the Alternative Reporting and Disclosure Statement for the above Plan. Please date stamp the additional copy of the statement and return it to us in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter.

Sincerely,

**RAYMOND & PROKOP, P.C.**

David J. Ledermann

DJL/sme  
Enclosures  
cc: Ron Katz, CPA

**Alternative Reporting and Disclosure Statement  
for Unfunded Non-Qualified  
Deferred Compensation Plan**

---

To the Secretary of Labor:

Pursuant to Department of Labor Regulation 29 C.F.R. §2520.104-23 and the alternative reporting and disclosure method under Part I of Title I of the Employee Retirement Income Security Act of 1974 ("ERISA"), as provided with respect to an unfunded plan for a select group of management or highly compensated employees, the following information is provided by the undersigned employer:

Name and Address of Employer: Hungry Howie's Distributing, Inc.  
30300 Stephenson Highway  
Madison Heights, MI 48071

Employer Identification Number: 38-2684876

The employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Plan: Deferred Compensation Plan for Thomas Jackson

Number of plans and employees covered: one (1) plan covering one (1) employee

The Plan Administrator believes this alternative form of reporting is necessary, as compliance with the full reporting and disclosure requirements of ERISA would both increase the cost to the Plan and impose unreasonable administrative burdens with respect to the operation of the Plan. Furthermore, the Plan Administrator believes the use of this alternative form would not be adverse to the interest of the Plan participant.

Dated: July 30, 2002

**HUNGRY HOWIE'S DISTRIBUTING, INC.**

By:   
David J. Ledermann

CERTIFIED MAIL



7000 0520 0012 7460 9645



FIRST CLASS MAIL



RAYMOND & PROKOP, P.C.
ATTORNEYS AND COUNSELORS
26300 Northwestern Hwy., 4th Floor
P.O. Box 5058
Southfield, Michigan 48086-5058

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

2. Article Number 7000 0520 0012 7460 9645 (Transfer from service label)

4. Restricted Delivery? (Extra Fee) [ ] Yes [ ] No
3. Service Type: [X] Certified Mail, [ ] Express Mail, [ ] Registered, [ ] Insured Mail, [ ] C.O.D.
Return Receipt for Merchandise [X]

1. Article Addressed to: Top Hat Plan Exemption, Pension and Welfare Benefits, Room N-5644, US Dept of Labor, 200 Constitution Ave. NW, Washington, DC 20210
D. Is delivery address different from item 1? [ ] Yes [ ] No
If YES, enter delivery address below: