

**REGISTRATION STATEMENT  
"TOP HAT PLAN EXEMPTION"**

**ALTERNATIVE METHOD OF COMPLIANCE  
LABOR REGULATIONS §2520.104-23**

Employer Name: Industrial Supply Company, Inc.

Employer Address: 1635 South 300 West  
Salt Lake City, UT 84115

87-0142120

2520032903348

**DECLARATION**

**Industrial Supply Company, Inc. maintains the Industrial Supply Company, Inc. Deferred Compensation Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.**

The Employer maintains one (1) "Top Hat" plan.

The Industrial Supply Company, Inc. Deferred Compensation Plan covers four (4) employees.

12/31/92  
Date

Industrial Supply Company, Inc.  
BY: *Denny Frandsen*  
ITS: *F. Res.*

**HOLDSWORTH, VOGEL & SWENSON**

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW  
SUITE 1200 KEY BANK TOWER  
50 SOUTH MAIN

SALT LAKE CITY, UTAH 84144-0402

K. JAY HOLDSWORTH  
WILLIAM VOGEL  
HAL N. SWENSON

TELEPHONE  
(801) 322-1100  
FAX (801) 322-1118

December 31, 1992

Department of Labor  
Pension and Welfare Benefits Administration  
P.O. Box 75212  
Washington, D.C. 20013-5212

RE: Industrial Supply Company, Inc. Top Hat  
Pension Plan Registration Statement

Dear Sirs:

In accordance with the alternative method of compliance provided under Labor Regulation §2520.104-23 and the Department's grace period (as extended) we enclose the following:

- (1) Top-Hat Registration Statement, and
- (2) A check in the amount of \$1,000 covering the civil penalty.

Please advise the undersigned if any further documentation is required.

Very truly yours,



Hal N. Swenson, of  
Holdsworth, Vogel & Swenson

Enclosures

25 860

**DETACH AND RETAIN THIS STATEMENT**

**INDUSTRIAL SUPPLY COMPANY, INC.**

**NO.**

P.O. BOX 30800  
SALT LAKE CITY, UTAH 84130

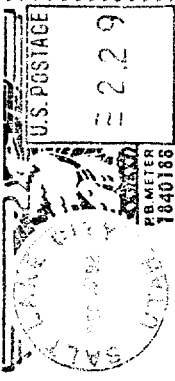
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.  
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	INVOICE NUMBER	P.O. NO.	DEBIT AMOUNT	CREDIT AMOUNT	DISC	NET AMOUNT

25,860

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**CERTIFIED**  
P 879 568 242  
**MAIL**



DEPARTMENT OF LABOR  
PENSION AND WELFARE BENEFITS ADMINISTRATION  
PO. BOX 75212  
WASHINGTON DC 20013-5212

