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January 23, 1997

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

FROM: Employer: Lyle Signs, Inc.
Employer Identification Number: 41-0386210
Address: 7934 Wallace Road, Eden Prairie, MN 55344

Dear Sir or Madam:

I am enclosing the Statement required by 29 C.F.R. Section 2520.104-23 with respect to nonqualified deferred compensation plans.

If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,



Cindy K. Bigalke, Paralegal for
LARKIN, HOFFMAN, DALY & LINDGREN, Ltd.

Enclosures

cc: John D. Fullmer, Esq.
Mr. Peter F. Pierce, Jr., President

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

DOL-PWBA
PUBLIC DISCLOSURE
97 JAN 29 AM 11:25

FROM: Employer: Lyle Signs, Inc.
Employer Identification Number: 41-0386210
Address: 7934 Wallace Road, Eden Prairie, MN 55344

Dated Jan 23, 1996

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

The employer currently maintains one deferred compensation plan for one employee who is a member of a select group of management or who is highly compensated.

Lyle Signs, Inc. will provide plan documents upon the request of the Secretary of Labor.

Lyle Signs, Inc.

By: 
Its: President