

2520032904486

FORM D-8

NOTIFICATION LETTER TO DEPARTMENT OF LABOR

TO: Office of Pension Welfare Benefit Programs Labor
Management Services Administration U.S. Department
of Labor

FROM: Employer: Abbott-Warden Associates, Inc.....
Employer Identification Number. 43-0836102.....
Address: 5829 Outlook.....
Mission, Kansas...66207.....
Date: November 25....., 1992.....

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

The employer maintains.....one..... non-qualified
deferred compensation plans for the following employees who are
members of a select group of management or who are highly
compensated:

- Ronald C. Abbott
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Signed x Ronald C. Abbott

Administrator: . R. David Wentz

Title:

Employer: Abbott-Warden Associates, Inc.

