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**Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
U. S. Department of Labor Room N-5644  
200 Constitution Avenue, N. W.  
Washington, D. C. 20216**

**January 14, 1999**

2520032904686

**RE: Animal Feed Supplement, Inc. Incentive Deferral Plan**

**Dear Sir/Madam:**

**The employer identified below maintains a plan primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. This plan was adopted on September 30, 1998. The information listed below is being provided in order to satisfy the provisions of the Department of Labor Reg. 29 C.F.R. Sec. 2520.104-23.**

**1. Name, address and employer identification number of sponsor:**

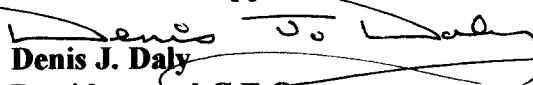
**Animal Feed Supplement, Inc.  
9 Riverview Hills South, RR#3  
St. Peter, Minnesota 56082  
EIN: 73-1347036**

**2. Name of Plan: Animal Feed Supplement, Inc. Incentive Deferral Plan**

**3. Number of Participants: 4**

**Kindly acknowledge receipt of this letter by signing and returning to the sender the copy of this letter enclosed herewith for acknowledgement purposes. A stamped, self-addressed envelope is also enclosed for your convenience.**

**Very truly yours,  
Animal Feed Supplement, Inc.**

  
**Denis J. Daly  
President and C.E.O.**

**The signature, title and date entered below will acknowledge receipt of this letter by the U. S. Department of Labor, Pension and Welfare Benefits Administration.**

**Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_**