

2520032905366

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR UNFUNDED NONQUALIFIED DEFERRED COMPENSATION PLANS
FOR CERTAIN SELECTED EMPLOYEES

To: 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

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. Sec. 2520.104-23, the following information is provided by the undersigned employee.

Name and Address of Employer: Manhasset Specialty Co., Inc.
P.O. Box 2518
Yakima, WA 98907

Employer Identification Number: 91-0688730 ✓

Manhasset Specialty Co., Inc. maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and Participants in Each Plan:

1 Plan covering 1 employee, effective December 31, 1998.

Dated Dec 31, 1998

Manhasset Specialty Co., Inc.

By [Signature]
Plan Administrator