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Office of Employee Benefits Security
Labor Management Service Administration
U.S. Department of Labor
Washington, D.C. 20216

RE: Notice of Plan(s) of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned employer hereby files the following information with respect to its plan of deferred compensation.

1) Name and Address of Employer:

Tobin Brothers, Inc.
2245 N.E. Jefferson Street
Peoria, IL. 61603

* 2) Federal Employer Identification No. (EIN):

31-0745377

3) The Employer maintains two plan(s) of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management of highly-compensated employees.

4) 2 employee(s) is/are covered by such plan(s).

Very truly yours,

Tobin Brothers, Inc.

By: *[Signature]*

