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May __, 1990

Office of Employee Benefit Security
Labor-Management Services Administration
U.S. Department of Labor
Washington, D.C. 20216

Dear Sir:

Pursuant to Department of Labor Regulations, 29 CFR Section 2520.104-23, Sanderson Ford, Inc. provides the following information in compliance with the alternative method of reporting and disclosure under Section 110 of Title 1 of the Employee Retirement Income Security Act of 1974 for unfunded plans maintained for a select group of management or highly compensated employees.

1. Name and Address of Employer:

Sanderson Ford, Inc.
P.O. Box 1407
5300 Grand Avenue
Glendale, AZ 85301

2. Employer Identification Number: 86-0123699

3. Sanderson Ford, Inc. maintains the plan primarily to provide supplemental income benefits for a select group of management or highly compensated employees.

4. Number of such plans and number of participants in each plan:

<u>Number of Plan</u>	<u>Number of Participants</u>
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Sincerely,

Sanderson Ford, Inc.

By: 

Plan Administrator