

2520040762586

NOV 25 2003 11:25

Date 11/25/03

Office of Pension and Welfare Benefit Program  
Labor Management Service Administration  
US Department of Labor  
Washington, DC 20216

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its nonqualified deferred compensation plan(s).

1. Dysart's Service  
530 Cold Brook Rd.  
Hermon, ME 04404
2. Employer ID Number 01-0274949
3. The employer maintains one plan of nonqualified deferred compensation primarily for the purpose of providing deferred compensation to a select group of management of highly compensated employees.
4. The number of employees are covered by such plan is 1.

Very truly yours,

Name of  
Fiduciary: [Signature]

Title: [Signature]

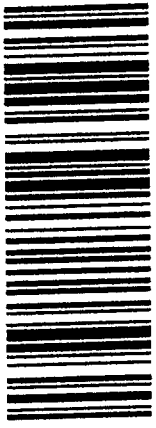
Of Employer: Dysarts's Service



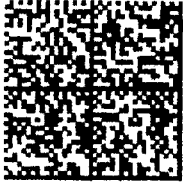
GRIGSBY and SMITH  
financial advisory services

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