

11/15/03 11:23:30

Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 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 un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: May Trucking Company
2. The mailing address of the Employer is: P.O. Box 9039
Salem, OR 97305
3. The Employer Identification Number is: 82-0266411

4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.

5. Number of Plans and Eligible Employees in each Plan:

One Plan(s) covering 2 Eligible Employees.

6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

May Trucking Company
An Oregon Corporation

By: 

Authorized Person David M. Daniels, President

Dated: December 15, 2003

May Trucking
PO BOX 9039
Salem OR 97305

Top Hat Exemptions
EE Benefits Security Admin.
Room N 513
US Dept of Labor
200 Constitution Ave NW
Washington, DC 20210

