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October 7, 2003

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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

RE: P. F. Moon & Company, Inc. Deferred Compensation Plan (the "Plan")

Dear Sir or Madam:

On behalf of the administrator of the above-named Plan, the undersigned submits this statement in compliance with ERISA Reg. §2520.104-23(b).

1. Name and Address of the Employer:

P. F. Moon & Company, Inc.
PO Box 346
2207 Highway 103
West Point, Georgia 31833
2. Employer Identification Number: 58-1343666
3. The Employer maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The number of employees in the Plan: 1

Very truly yours,
P. F. MOON AND COMPANY, INC.

Phillip F. Moon
President

MOON

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