

2520032033964

FORM D-8

NOTIFICATION LETTER TO DEPARTMENT OF LABOR

TO: Office of Pension Welfare Benefit Programs
Labor Management Services Administration
U.S. Department of Labor

FROM: Employer PHILLIPS DRUG STORE INC.

Employer Identification Number 39-1211730

Address 120 East State Street
Mauston, WI 53948

Date 12-15-92

This document constitutes the statement required by 29 C.F.R. section 2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to non-qualified deferred compensation plans maintained by the above employer.

The employer maintains 1 (one) non-qualified deferred compensation plans for the following employees who are members of a select group of management or who are highly compensated.

Wayne MacArdy

Signed *John F. McMenomy*

Administrator John McMenomy

Title: President

Employer Phillips Drug Store, Inc.

