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LARSON
TOOL &
STAMPING
COMPANY

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue
Washington, DC 21210

Gentlemen:

In compliance with Department of Labor Regulation 2520.104-23, we are filing the following disclosure statement regarding the unfunded compensation plan maintained by Larson Tool and Stamping Company, a corporation organized under the laws of the State of Massachusetts for the benefit of certain key employees:

Employer Name: Larson Tool and Stamping Company
Employer Address: 90 Olive Street, P. O. Box 2970
Attleboro, MA 02703-0970
Employer ID#: 04-1525530

Under penalties of perjury, I declare that the Corporation named herein maintains one unfunded plan for the benefit of a select group of employees totalling three. The primary purpose of this plan is to provide deferred compensation for the select group of employees.

A copy of this plan is available upon request.

Very truly yours,

LARSON TOOL AND STAMPING CO.

DANIEL G. LARSON
President

41-3111 0-10055

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PMA