



November 12, 1999

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U. S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

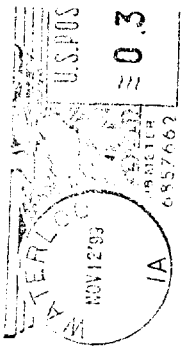
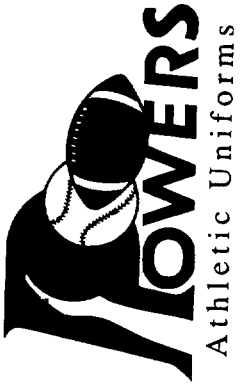
NOTICE OF PLAN OF DEFERRED COMPENSATION

Pursuant to DOL Regulations Section 2520.104-23, the undersigned Employer hereby files the following information with respect to its welfare benefit plan.

1. EMPLOYER: Powers Manufacturing Company
P. O. Box 2157
Waterloo, IA 50704-2157 1/6
2. FEDERAL EMPLOYER IDENTIFICATION NUMBER: 42-0475190
3. The Employer has adopted one (1) plan primarily for the purpose of providing long-term disability insurance to a select group of management or highly-compensated employees.
4. Six (6) employees are covered by such plan.

Sincerely,

James L. Rathe
Vice-president/Treasurer



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