U.S. Department of Labor

Pension and Welfare Benefits Administration
Washington, D.C. 20210

1 - JUN 1993

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Dear Sir/Madam;

We are in receipt of your statement filed with the Secretary of Labor registering your deferred compensation plan (under 29 CFR 2520.104-23) for the above company.

The following information was omitted in the initial filing. Please furnish the necessary information indicated so we may complete your file.

✓

__ Employer Identification Number (EIN) (9 digits) Missing #36-2966638

__ Address of participating company _____

_____

_____

__ Declaration (e.g., plan is for highly compensated employee(s))

_____

__ Number of employees participating in the plan(s) _____

__ Number of plans _____

__ Other: _____

__ If the plan has terminated, please give the date of termination: ___/___/___

Please return this letter with the appropriate items completed within 30 days to:

Pension and Welfare Benefits Administration
U.S. Department of Labor
Frances Perkins Building, Room N-5644
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Sincerely

Wayne L. Hughes

Files and Disclosure Program Manager
Office of Program Services

SPECIMEN ERISA MEMORANDUM STATEMENT

Dated: 12-28-92

To: Office of Pension and Welfare Programs
Labor Management - Services Administration
U.S. Department of Labor
Washington, D.C. 20216

From: Quad City Safety, Inc.
206 - 43rd Avenue
Moline, Illinois 61265

This statement is with respect to Nonqualified Deferred Compensation Plans maintained by employers under the requirements of 29 C.F.R. §2520.104-23(a).

Employer currently maintains one (1) nonqualified deferred compensation plan for Executives who are members of a "select group of management" or who are "highly compensated".

The number of participants in each plan are:

Plan 1: 1

Plan 2: _____

Plan Administrator: Michael W Smeaton

Title: President

Employer: QUAD CITY SAFETY, INC.



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