

2520042391827

TOP HAT PLAN STATEMENT

Pursuant to 29 C.F.R. § 2520.104-23, the undersigned employer makes the following statement:

1. Employer Name and Address:

The Buckle, Inc.
2407 West 24th Street
Kearney, NE 68847
2. Employer Identification No.: 47-0366193
3. The Employer maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The number of plans that the employer maintains is one and the number of employees participating in the plan is six.

The Buckle, Inc.

By: Karen B. Thords, CFO
(Name and Title)



The Buckle, Inc.

2407 W. 24th St. Kearney, NE 68847

P.O. Box 1480 Kearney, NE 68848-1480

phone: 308-236-8491

fax: 308-236-4493

web: www.buckle.com

April 12, 1999

CERTIFIED MAIL - RETURN
RECEIPT REQUESTED

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: Employer: The Buckle, Inc.
Employer Identification No.: 47-0366193

Dear Sir or Madam:

We enclose for filing the Top Hat Plan Statement for the employer described above. Please contact me between the hours of 8:30 a.m. and 5:30 p.m., Central Time, if you wish to discuss this or need further information.

Sincerely,

Kyle L. Hanson
General Counsel
The Buckle, Inc.

Enclosure

cc: Michael C. Mueller (w/enclosure)

ltr.doc

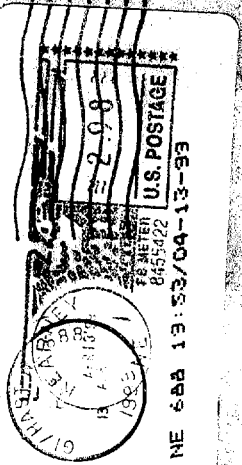
buckle

NEWPORT NEWS, VA 23601
NEWPORT NEWS, VA 23601-4800

CERTIFIED

Z 583 408 221

MAIL



DELIVER TO POST OFFICE GENERAL NE 688 13:53/04-13-93

For Hat Plan Exemption
Pension and Welfare Benefits
Administration
Room N-5544
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20210

