

HINSHAW & CULBERTSON

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BROOKFIELD, WISCONSIN
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MILWAUKEE, WISCONSIN

June 8, 1998

WRITER'S DIRECT DIAL

FILE NO.

In compliance with requirements of the alternative method of reporting and disclosure under Part I and Title I of the Employee Retirement Income Security Act of 1974, specified in Department of Labor Regulations 29 C.F.R. §2520.104-23, the following information is provided by the undersigned employer:

Employer Identification No.: 36-2660571

The undersigned employer maintains the following or insured plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

Name of Plan: Fore Supply Co., Death Benefit Only Plan

Number of Participants: 1

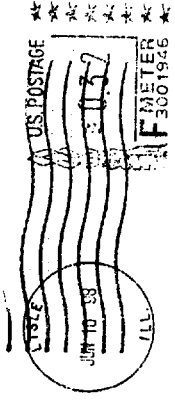
Fore Supply Co.

By: Richard P. Eust
Its Authorized Representative

Dated: 6/6/, 1998

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