

Date 9/22/98

Office of Employee Benefits Security
Labor Management Service Administration
U.S. Department of Labor
Washington, D.C. 20216

RE: Notice of Plan(s) of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned employer hereby files the following information with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:

CFP, Inc.
PO Box 12888
Salem, Oregon 97309

2. Federal Employer Identification No. (EIN):

93-0572310

3. The Employer maintains 1 plan(s) of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees.

4. 3 employee(s) is/are covered by such plan(s)

Very truly yours,

By: 

Date 3-25-97

Office of Employee Benefits Security
Labor Management Service Administration
U.S. Department of Labor
Washington, D.C. 20216

RE: Notice of Plan(s) of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned employer hereby files the following information with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:

CFP, INC

PO BOX 12888 Salem OR 97309

728 Hawthorne Ave NE Salem, OR 97302


2. Federal Employer Identification No. (EIN):

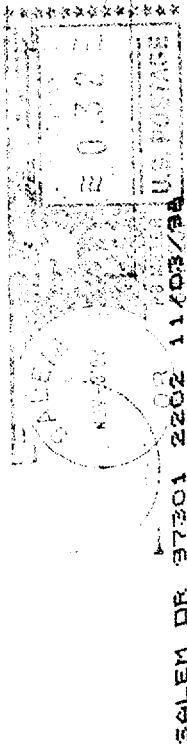
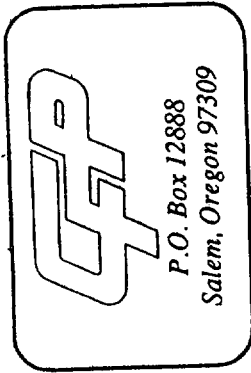
93-0572310

Employer maintains 1 plan(s) of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly-compensated employees.

4. One employee(s) is/are covered by such plan(s)

Very truly yours,

CFP INC.
By: 



OFFICE OF EMPLOYEE BENEFITS
SECURITY
LABOR MGMT SERVICE ADMINISTRATION
US DEPT OF LABOR
WASHINGTON, D.C. 20216

