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**MAXON LIFT CORP.**

11921 Slauson Avenue  
Santa Fe Springs, CA 90670  
(562) 464-0099 (800) 227-4116  
Fax: (562) 698-0187  
Internet: <http://www.maxonlift.com>

August 20, 1997

Office of Employee Benefits Security  
Labor Management Services Administration  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. 2520.104-23, the following information is provided by the undersigned plan administrator:

- (1) The name of the employer is:

**MAXON LIFT CORP.**

- (2) The mailing address of the employer is:

**11921 Slauson Avenue  
Santa Fe Springs, CA 90670**

- (3) The employer's federal identification number (EIN) is:

**95-4386345**

- (4) The number of plans and the number of participants in each plan is:

**One plan, One participant(s)**

The above named employer maintains this plan primarily for the purpose of providing deferred compensation in the form of salary continuation benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

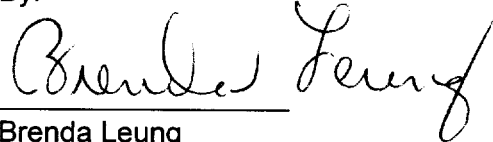
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Please address any questions, comments, or correspondence to Mortensen & Mortensen, A Law Firm, 620 Newport Center Drive, Suite 1100, Newport Beach, California 92660 (Telephone Number (714) 363-7132).

MAXON LIFT CORP.

By:



Brenda Leung  
Brenda Leung  
Plan Administrator

Dated: August 20, 1997

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