

**Alternative Reporting And Disclosure Statement For
Nonqualified Deferred Compensation Plans**

To The Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR sec. 2520.104-23, the following information is provided by the undersigned administrator:

- (1) The name of the employer is: Bill's Distributing Ltd.
- (2) The mailing address of the employer is:
4602 Domain Drive
Menomonie, WI 54751
- (3) The Employer Identification Number is: 39-1375927
- (4) The above-named employer maintains a plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Number of Plans and Participants in each plan:
1 plan covering 7 employees.
- (6) The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Bill's Distributing Ltd.

By Terrance J. Giertz

Dated April 1st, 1997.

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P.O. Box 216
Menomonie, WI 54751

Secretary of Labor
Top Hat Alcohol Exemption
Pension + Welfare Benefits Administration
Room N-5614
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