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MANUFACTURED HOUSING CENTER

T
TOWN &
C
COUNTRY
HOUSING

December 30, 1992

Office of Pension and Welfare Benefit Program
Labor Management-Services Administration
U.S. Department of Labor
Washington, DC 20216

From: Employer: Town & Country Mobile Homes, Inc.

Employer I.D. Number: 93-0659138

Address: Route 7 Box 87

Chippewa Falls, WI 54729 12-30, 1992

This document constitutes the statement required by 29 C.F.R. 2520, 104-23 (a) (1) to be filed with the Secretary of Labor in respect to Nonqualified Benefit Plans maintained by the above employer.

The employer currently maintains one Nonqualified Benefit Plan for managerial and highly compensated employees. Copies of the plan will be provided to the Department upon receipt of a written request.

The number of participants in the plan is two person:

Signed

1/2

Plan Administrator: Town & Country Mobile Homes, Inc.

Title: Dennis Root, Pres. *Dennis Root* of Town & Country Mobile
Homes, Inc.

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HAPPY HOLIDAYS FROM EAU CLAIRE WI 542 12/30/92

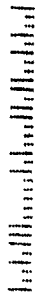
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TOWN & COUNTRY HOUSING

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Labor Management-Service Administration
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Washington, DC 20216

4285 So. Prairie View Road
Chippewa Falls, WI 54729-8617

Checks



TOWN & COUNTRY MOBILE HOMES, INC.

VENDOR NO. 682

VENDOR NAME

OFFICE OF PENSION & WELFARE

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT	
30 DEC 1992	BENEFIT PLAN	1,000.00	0.00	1,000.00	
CHECK DATE		CHECK NO.	TOTAL GROSS	TOTAL DEDUCTIONS	CHECK AMOUNT
30 DEC 92		3223	1,000.00	0.00	1,000.00