

2520043384987

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

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

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 un-funded 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: Alexandria Extrusion Company
2. The mailing address of the Employer is: 401 County Road 22 NW
Alexandria, MN 56308
3. The Employer Identification Number is: 41-0946084

4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.

5. Number of Plans and Eligible Employees in each Plan:

One Plan(s) covering 4 Eligible Employees.

6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Alexandria Extrusion Company
A Minnesota Corporation

By: Timothy D. Joerning
Authorized Person

VP Admin / Treasurer

Dated: 12/27/04