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TO: Office of Employee Benefits Security
Labor Management-Services Administration
U. S. Department of Labor
Washington, D.C. 20216

FROM: Black Equipment Co., Inc.
Employer Identification Number: 35-0999221

Address: 1050 N. Congress Avenue
P. O. Box 5286
Evansville, IN 47716-5286

In RE: Notice of Plans of Nonqualified Deferred Compensation

1. 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 Deferred Compensation plans maintained by the above employer.
2. The employer currently maintains one Nonqualified Deferred Compensation Plan for employees who are members of a select group of management or who are highly compensated.
3. There are five participants in employer's Nonqualified Deferred Compensation Plan.

EXECUTED this 22 day of November, 2002.

Administrator: 

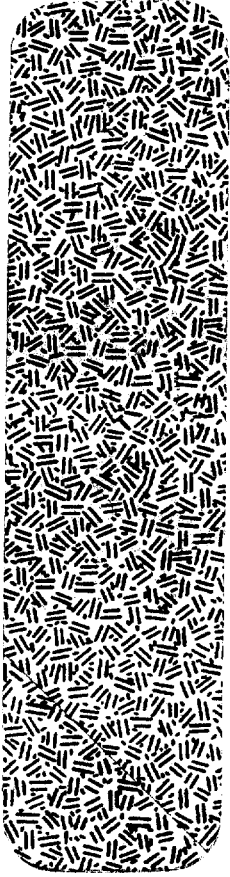
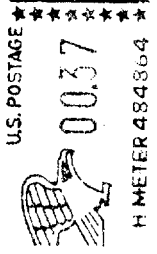
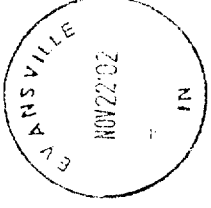
Kenneth F. Bonnell

BLACK EQUIPMENT CO., INC.

BY: 

Kenneth F. Bonnell, President

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