



**BLUFF CITY MATERIALS, INC.**

2520005098734

*Aggregates*

September 27, 1992

Pension and Welfare Benefits Administration  
U.S. Department of Labor  
P.O. Box 75212  
Washington, D.C. 20013-5212

Dear Sir:

Bluff City Materials, Inc. maintains a plan to provide deferred compensation for a select group of management employees with a total of four people participating in this plan as of September 26, 1992.

Our federal employer identification number is 36-3400100.

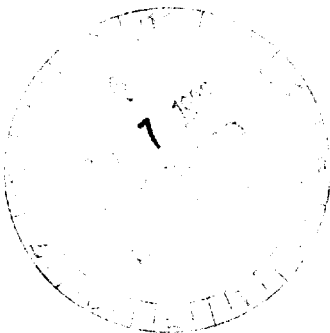
If I can provide additional assistance or information with regard to this matter please feel free to call at any time.

Sincerely,

*Jeffrey L. Cinatl*

Jeffrey L. Cinatl  
Controller

6503



6503

**POST OFFICE TO ADDRESSEE** EXPRESS MAIL NEXT DAY SERVICE



IB 123758819 US

**ORIGIN**

Date: M / D / Y  
 Post Office ZIP Code: \_\_\_\_\_  
 Initials of Receiving Clerk: \_\_\_\_\_

**ACCEPTANCE**

Next Day Delivery or  Second Day Delivery  
 By 12 Noon or  By 3:00 PM  
 Priority or  Registered

Weight: \_\_\_\_\_ lbs.  
 International Country Code: \_\_\_\_\_

Postage: \$ \_\_\_\_\_  
 Return Receipt: \$ \_\_\_\_\_  
 C.O.D. \$ \_\_\_\_\_  
 Total Postage & Fees: \$ \_\_\_\_\_

Federal Agency Account No.:

Express Mail Estimate Account No.:

**DESTINATION**

Date of Delivery: 9/21/71  
 Time of Delivery: 4:30 PM

Signature of Addressee or Agent  
 DELIVERY WAS ATTEMPTED

Signature of Delivery Employee: \_\_\_\_\_  
 Date: 9/21/71  
 Time: 4:30 PM

**Waiver of Signature and Indemnity (Domestic Only)**

I, the addressee, hereby waive my right to demand of the delivery employee, the amount that the shipment was delivered and understand that the signature of the delivery employee will constitute valid proof of delivery.

ADDRESSER'S COPY

Telephone Number:

**TO:**

Business Machine Company  
 US Department of State  
 PO Box 4222  
 Washington, DC 20013-5012

For Postal Use

For Customer Use

**FROM:**

W/F City, Maryland  
 PO Box 88326  
 Washington, DC

For Postal Use

For Customer Use