

September 29, 1992

2520005098804

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Pension & Welfare Benefits
Administration
P.O. Box 75212
Washington, D.C. 20013-5212

Dear Sir or Madam:

Pursuant to Department of Labor Regulations, 29 C.F.R. §2520.104-23, under Section 110 of Title I of the Employee Retirement Income Security Act of 1974 and PWBA Notice published July 24, 1992, the undersigned employer provides the following information in compliance with the alternative method of reporting and disclosure for unfunded plans maintained for a select group of management or highly compensated employees.

1. Name and Address of Employer:

Conklin Company, Inc.
551 South Valley Park Drive
P.O. Box 155
Shakopee, MN 55379

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2. Employer Identification Number:

41- 0754077

3. Conklin Company, Inc. maintains a plan primarily to provide deferred compensation benefits for a select group of management or highly compensated employees.

4. Number of such Plans and number of Participants in each Plan:

<u>Plan</u>	<u>Number of Participants</u>
<u>2</u>	<u>2</u>

Enclosed is a check payable to the U.S. Department of Labor in the amount of \$1,000.00.

Conklin Company, Inc.
Plan Administrator

Robert A. Hanson

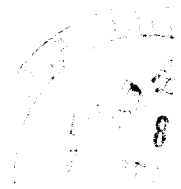
By Robert A. Hanson
Its Controller

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Enclosure

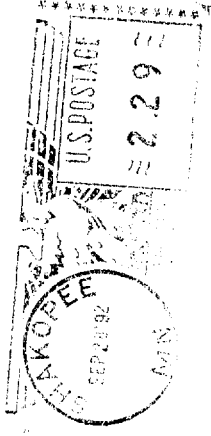
cc: Thomas M. Hughes, Esq.
Mr. Robert A. Hanson

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CONKLIN
Conklin Company, Inc.
P.O. Box 155
Shakopee, MN 55379

CERTIFIED
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MAIL



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