



RAYMOND & PROKOP, P.C.
ATTORNEYS AND COUNSELORS

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• Jeremy D. Bisdorf

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2520052090648

January 27, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

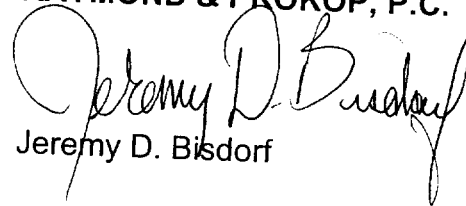
To the Secretary of Labor:

Enclosed with this letter please find two (2) copies of a letter from Spring Dynamics, Inc. regarding Alternative Reporting and Disclosure Statement for Unfunded Non-Qualified Deferred Compensation Plan. Please time stamp one of these copies and return it in the self-addressed, stamped envelope provided for your convenience.

Thank you for your assistance.

Sincerely yours,

RAYMOND & PROKOP, P.C.



Jeremy D. Bisdorf

JDB/sao
Enclosures

S:\S\SprinDyn\Ltrs\Top Hat Plan Ltr.wpd

Top Hat Plan Exemption
Pension and Welfare Benefits Administration, Room N-5644
U.S. Department of Labor
200 Constitution Avenue NW.
Washington, DC 20210

**RE: Alternative Reporting and Disclosure Statement for Unfunded Non-Qualified
Deferred Compensation Plan**

To the Secretary of Labor:

Pursuant to Department of Labor Regulation, 29, C.F.R. §2520.104-23, and the alternative reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 ("ERISA") for unfunded plans for a select group of management or highly compensated employees, the following information is provided by the undersigned employer:

Name and Address of Employer: Spring Dynamics, Inc.
7378 Research Dr.
Almont, MI 48003

Employer Identification Number: 38-2607722

Employer maintains the plans primarily for the purpose of providing deferred compensation for a select group of management or employees.

1)
Name of Plan: Non-Qualified Deferred Compensation
Plan for Brett L. Lemon

Number of Employees covered: One (1)

2)
Name of Plan: Non-Qualified Deferred Compensation
Plan for Harold Dean Russell

Number of Employees covered: One (1)

3)

Name of Plan:

Non-Qualified Deferred Compensation
Plan for Richard J. Cunningham

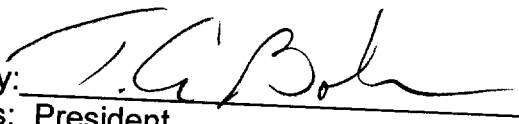
Number of Employees covered:

One (1)

The Plan Administrator believes this alternative form of reporting is necessary, since compliance with the full reporting and disclosure requirements would both increase the cost to the Plan and impose unreasonable administrative burdens with respect to the operation of the Plan. Furthermore, the Plan Administrator believes the use of this alternative form would not be adverse to the interest of the Plan participant.

¹⁸
Dated: ~~December~~ ^{JANUARY} 17, ~~1999~~ ²⁰⁰⁰

SPRING DYNAMICS, INC.

By: 
Its: President

Top Hat Plan Exemption
Pension and Welfare Benefits Administration, Room N-5644
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^{TJB}
Dated: ~~December~~ ^{JANUARY} 17, ~~1999~~ ²⁰⁰⁰

SPRING DYNAMICS, INC.

By: 
Its: President

FIRST CLASS

FIRST CLASS

FIRST CLASS

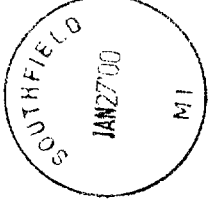
FIRST CLASS

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 339 966 859

MAIL



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First Class Mail



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