

**SALARY CONTINUATION PLAN AGREEMENT
NONQUALIFIED EXCESS DEFERRAL RETIREMENT SAVINGS PLAN**

ALTERNATIVE COMPLIANCE STATEMENT

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR PENSION PLANS
FOR CERTAIN SELECTED EMPLOYEES**

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title 1 of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. Section 2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: Viking Label & Packaging, Inc.
PO Box 10
Nisswa, MN 56468
Employer Identification Number: 41-0887507

Viking Label & Packaging, Inc. maintains two plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and Participants in
Each Plan: 1 Plan covering Donald H. Engen
1 Plan covering Thomas D. Wetrosky

Dated: 7/1/2000

By: *Donald H. Engen*
Plan Administrator

Viking Labeled & Packaging
Box 10
Missoula, MN. 56468

CERTIFIED

Z 407 027 910

MAIL



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U.S. POSTAGE
PAID
PEQUOT LAKES MN. MN
FEB 03, 00
AMOUNT

\$2.98

00013525-08

**RETURN RECEIPT
REQUESTED**

TOP HAT PLAN EXEMPTION
PENSION & WELFARE BENEFITS
ADMINISTRATION
ROOM N-5644
US DEPARTMENT OF LABOR
200 CONSITUTION AVE NW
WASHINGTON DC 20210

