

ALTERNATIVE FILING PURSUANT TO  
LABOR REGS. §2520.104-23

1. Name and Address of Employer: National Association of Chain Drug  
Stores  
413 North Lee Street  
P.O. Box 1417-D49  
Alexandria, Virginia 22313-1417
2. Employer Identification Number: 13-5582579
3. Number of Such Plans: One
4. Number of Employees Participating  
in each Plan: One
5. The employer maintains the plan for the purpose of providing  
deferred compensation for a select group of management or highly-  
compensated employees.

*R. James Huber*  
\_\_\_\_\_  
Plan Administrator

MAR 3 1994