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Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D. C. 20216

REPORTING AND DISCLOSURE STATEMENT

Re: Sadler Electric Nonqualified Deferred Compensation Plan

Dear Sir:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. 2520.104-23, the following information is provided by the undersigned as Plan Administrator:

1. **The name of the Employer is:**

Sadler Electric, Inc.

2. **The mailing address of the Employer is:**

5855 South 77th Street
Omaha, NE 68127

3. **The Employers Federal identification number (EIN) is:**

47-0694171

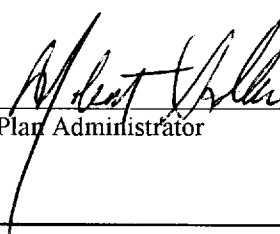
4. **The number of plans and the number of participants in each plan is:**

1 plan (covering one employee)

The above named employer maintains this plan primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Very truly yours,

SADLER ELECTRIC, INC.

BY: 
Plan Administrator

8-17-99
Date

SADLER LINE CONSTRUCTION, INC.

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D. C. 20216

REPORTING AND DISCLOSURE STATEMENT

Re: Sadler Line Construction Nonqualified Deferred Compensation Plan

Dear Sir:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. 2520.104-23, the following information is provided by the undersigned as Plan Administrator:

1. **The name of the Employer is:**

Sadler Line Construction, Inc.

2. **The mailing address of the Employer is:**

5865 South 77th Street
Omaha, NE 68127

3. **The Employers Federal identification number (EIN) is:**

47-0731033

4. **The number of plans and the number of participants in each plan is:**

1 plan (covering one employee)

The above named employer maintains this plan primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Very truly yours,

SADLER LINE CONSTRUCTION, INC.

BY: 

Plan Administrator

8-18-99

Date

Financial Plaza
9140 W. Dodge Road, Suite 100
Omaha, NE 68114

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