

LAW OFFICES OF

2520052093751

WALTER J. ZUKOWSKI

& ASSOCIATES

951.0011 AM 8:40

817 PEORIA STREET
P.O. BOX 484
PERU, ILLINOIS 61354

TELEPHONE (815) 223-3434
FAX (815) 223-3489

January 22, 1998

Office of Employee Benefits Security
Labor-Management Services Administration
United States Department of Labor
Washington, DC 20216

Re: Alternative Reporting and Disclosure Statement
for Non-Qualified Deferred Compensation Plan
Double D Express, Inc.
Our File No. Z-0744

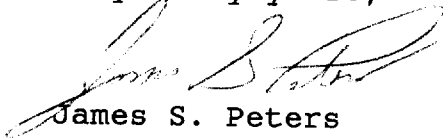
Dear Madam/Sir:

Kindly note the enclosed Alternative Reporting and Disclosure
Statement for Non-Qualified Deferred Compensation Plan for the
above-captioned corporation.

If you have any questions, or if there is any other information I
might provide at this time, please do not hesitate to contact me.

Thank you for your assistance and time.

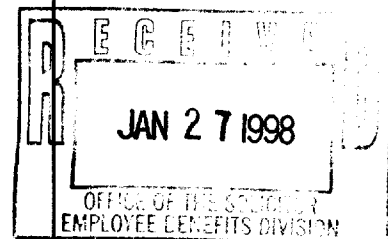
Very truly yours,



James S. Peters

JSP/lw

Enclosures



WALTER J. ZUKOWSKI

HERBERT J. KLEIN

JAMES S. PETERS

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR NONQUALIFIED DEFERRED COMPENSATION PLANS

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I 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 CFR sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the employer is: Double D Express, Inc.
2. The mailing address of the employer is:

Double D Express, Inc.
2930 May Road
P. O. Box 606
Peru, IL 61354
3. The Employer Identification Number is 36-3364774.
4. The above-named employer maintains a plan (or plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Participants in each plan:

One (1) plan covering twelve (12) employees.
6. The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

DOUBLE D EXPRESS, INC.

By: 
Plan Administrator

Dated: January 26, 1998

1 From 1/23/98

Date 1/23/98

Sender's Name JANIES S. PETERS Phone (415) 233-3434

Company ZUKOWSKI, WALTER J, ATTORNEY

Address B17 PEORIA ST

City PERU **State** IL **ZIP** 61354 Dept./Floor/Suite/Room

2 Your Internal Billing Reference Information

3 To OFFICE of EMPLOYEE BENEFITS SECURITY Phone ()

Company LABOR-MANAGEMENT SERVICES ADMINISTRATION Check here if residence (Extra charge applies for FedEx Express Saver)

Address LIMITED STATES DEPARTMENT OF LABOR Dept./Floor/Suite/Room

City WASHINGTON **State** DC **ZIP** 20216

For HOLD at FedEx Location check here

Hold Weekday (Not available at all locations) (Available for FedEx Priority Overnight and FedEx 2Day only)

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For Saturday Delivery check here (Extra charge. Not available to all locations) (Available for FedEx Priority Overnight and FedEx 2Day only)

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4a Express Package Service Packages under 150 lbs. Delivery commitment may be later in some areas

FedEx Priority Overnight (Next business morning) **FedEx Standard Overnight** (Next business afternoon) **FedEx 2Day*** (Second business day)

FedEx Express Saver* (Third business day)

FedEx First Overnight (Earlier next business morning delivery to select locations) (Higher rates apply)

4b Express Freight Service Packages over 150 lbs. Delivery commitment may be later in some areas

FedEx Overnight Freight (Next business day) **FedEx 2Day Freight** (Second business day) **FedEx Express Saver Freight** (Up to 3 business days)

(Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging **FedEx Letter** **FedEx Pak** **FedEx Box** **FedEx Tube** **Other Pkg.** (Declared value limit \$500)

6 Special Handling Does this shipment contain dangerous goods? Yes No (Shipper's Declaration not received) Dry Ice (S. UN 1845 III) CA Cargo Aircraft Only

7 Payment **Sender** (Recipient in section 1 will be billed) **Recipient** **Third Party** **Credit Card** **Cash** **Check** **Obtain Recipient's FedEx Account No.**

Total Packages **Total Weight** \$ **Total Declared Value** \$ **Total Charges** \$

*When declaring a value higher than \$100 per shipment, you pay an additional charge. See SERVICE CONDITION, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

8 Release Signature [Signature]

Your signature authorizes Federal Express to deliver this shipment with or without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

Questions? Call 1-800-Go-FedEx (800)463-3339

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