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STATEMENT PURSUANT TO  
LABOR DEPARTMENT REGULATION §2520.104-23  
OF MORRIS & DICKSON CO., LTD.,  
EMPLOYER IDENTIFICATION NUMBER 72-0266645

96 DEC 30 PM 9:55  
MORRIS & DICKSON CO.

To: Top Hat Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
United States Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

This statement is made pursuant to Reg. §2520.104-23 of the Labor Department Regulations under ERISA, Section 104 with respect to Morris & Dickson Co., Ltd. The following information is furnished:

(1) The name, address and Employer Identification Number of the employer are as follows:

Morris & Dickson Co., Ltd.  
P. O. Box 51367  
Shreveport, LA 71135-1367

Employer Identification Number: 72-0266645

(2) The employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management. Only a single plan is provided for three (3) management employees.

(3) A copy of the plan shall be submitted upon request in accordance with Reg. §2520.104-23(b)(2).

MORRIS & DICKSON CO., LTD.

BY: Mark Adams  
PRESIDENT