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U.S. DEPARTMENT OF LABOR
PUBLIC DISCLOSURE
01 AUG 29 AM 11:56

Date 8/8/01

Office of Pension and Welfare Benefit Program
Labor Management Service Administration
US Department of Labor
Washington, DC 20216

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its nonqualified deferred compensation plan(s).

Mailing:	1. American Manufacturing	Company Name
P.O. Box 549	5517 Wellington Road	Address
Manassas, VA 20108	Gainsville, VA 20155	City and State

2. Employer ID Number 54-1282133
54-1282133

3. The employer maintains one plan of nonqualified deferred compensation primarily for the purpose of providing deferred compensation to a select group of management of highly compensated employees.

4. The number of employees are covered by such plans is 2

Very truly yours,

Name of Fiduciary: Todd J. [Signature]

Title: Sgt / [Signature]

Of Employer: American Manufacturing



703 West Housatonic St., Pittsfield, MA 01201



7099 3400 0008 9105 0078

Return Receipt Requested

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