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August 18, 1999

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N. 5644
U.S. Department of Labor
200 Constitution Avenue
Washington D.C. 20210

Re: Notice of Plan of Deferred Compensation

Dear Sir or Madam:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned employer hereby files the following information with respect to its plan of deferred compensation.

1. Name and Address of Employer:

Murfreesboro Pure Milk Company, Inc.
2450 Southgate
Murfreesboro, TN 37129

2. Federal Employer Identification No. (EIN): 62-0725632

3. The Employer maintains one (1) plan of deferred compensation for the purpose of providing deferred compensation to two of its employees.

Very truly yours,

MURFREESBORO PURE MILK COMPANY, INC.

By:

Hubert S. McGinnis PRESIDENT



MURFREESBORO PURE MILK CO., INC.
 P.O. Box 1526
 MURFREESBORO, TN 37128

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