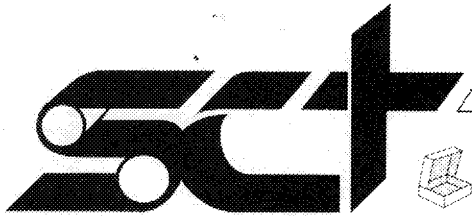


2520053321288



# SOUTHERN CHAMPION TRAY COMPANY

P.O. Box 4066 • Chattanooga, Tennessee 37405 • (615) 756-5121 • FAX# (615) 756-0223

*"America's Folding Carton Specialists"*

December 14, 1992

Office of Employee Benefits Security  
Labor Management Service Administration  
U.S. Department of Labor  
Washington, D.C. 20216

Re: Notice of Plan of Deferred Compensation

Gentlemen:

In accordance with Department of Labor Notices dated March 23, April 20, July 24 and September 21, 1992, I am enclosing herewith a Notice of Plan of Deferred Compensation together with a check in the amount of \$1,000 representing the amnesty payment for failure to have given notice at the time of the adoption of the Southern Champion Tray Company Supplemental Retirement Income Plan which is a top hat plan.

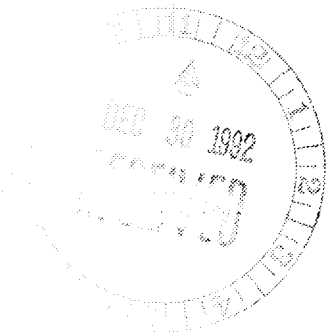
If any further information or documentation is required, please let me know.

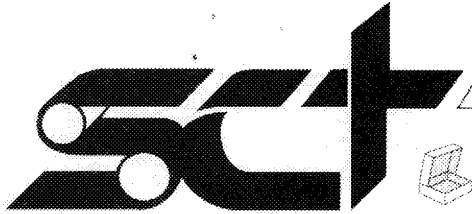
Yours very truly,

*Mark Longnecker*

Mark Longnecker  
Controller

171057





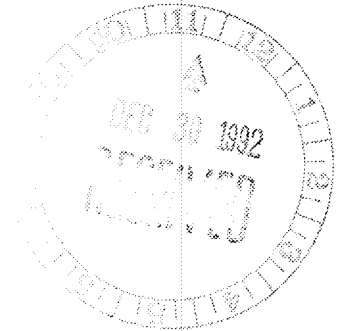
# SOUTHERN CHAMPION TRAY COMPANY

P.O. Box 4066 • Chattanooga, Tennessee 37405 • (615) 756-5121 • FAX# (615) 756-0223

*"America's Folding Carton Specialists"*

December 8, 1992

Office of Employee Benefits Security  
Labor Management Service Administration  
U.S. Department of Labor  
Washington, D.C. 20216



Re: Notice of Plan of Deferred Compensation

Gentlemen:

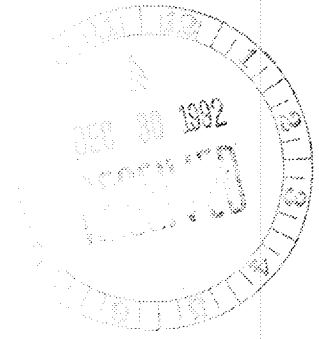
Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its plan of deferred compensation.

1. Name and address of Employer is Southern Champion Tray Company.
2. The Federal Employer Identification Number is 62-0452437
3. The Employer maintains one plan of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees.
4. Eight employees are presently covered by the plan.

Very truly yours,

Mark Longnecker  
Controller

171057

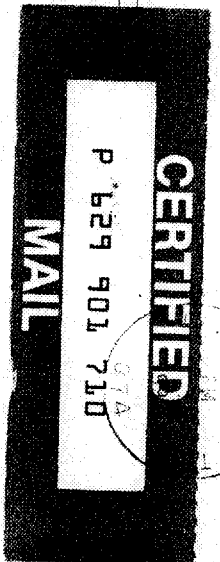


**SOUTHERN CHAMPION  
TRAY COMPANY**

P.O. Box 4066 • Chattanooga, Tennessee 37405



RETURN RECEIPT REQUESTED



Office of Employee Benefits Security  
Labor Management Service Administration  
U.S. Department of Labor  
Washington, D.C. 20216

*[Handwritten signature]*

