

2520061570192

March 1, 2006

06 MAR 14 PM 12:12

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

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Section 2520.104-23, the following information is provided by the undersigned Plan Administrator:

1. The name of the employer is **Davidson Fabricating, Inc.**
2. The mailing address of the employer is **511 Abbott Drive, Broomall, PA 19006**
3. The employer's federal identification number is **23-1634247**
4. The number of participants in the Plan is one (1).
5. The adoption date of the Plan is **February 20, 2006**

The employer maintains this Plan primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. The employer will provide a copy of the Agreement to the Secretary of Labor upon request.

Very truly yours,

DAVIDSON FABRICATING, INC.

By:

James D. Davidson, Jr. President
JAMES D. DAVIDSON, JR., President

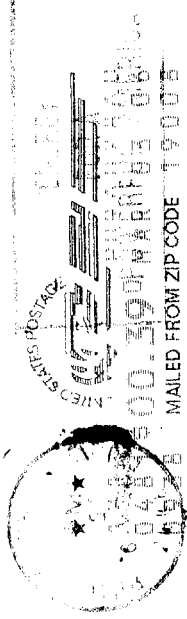
Please sign and date the enclosed copy of this letter and return to me in the enclosed stamped, addressed envelope.

Signature

Date

DAVIDSON
Fabricating
INC.

511 Abbott Drive
Broomall, Pa. 19008



Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
US Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

2021070000

