



06 MAY 16 PM 2:33

May 10, 2006

CERTIFIED MAIL # 7005 0390 0002 4828 7755

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

Re: Ultrafab, Inc.

Gentlemen:

On behalf of the above-captioned Employer, we hereby submit the information required by DOL Regulation §2520.104-23(b):

1. Name of Employer: Ultrafab, Inc.
2. Address of Employer: 1050 Hook Road, Farmington, New York 14425
3. Tax Identification No.: 16-0984733
4. The Employer maintains the Plan for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
5. Number of Plans: One
6. Number of Employees in Plan: One at present; other eligible employees may participate if selected by Employer's Board of Directors.

Please acknowledge your receipt of this letter by stamping a copy of this letter and returning it to me in the envelope provided.

Very truly yours,

Ralph K. Merzbach

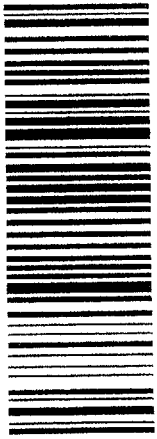
cc: Ultrafab, Inc.

RKM/gf

**MERZBACH**  
LAW OFFICE, P.C.

73 State Street  
Rochester, New York 14614

**CERTIFIED MAIL**



7005 0390 0002 4828 7755



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RETURN RECEIPT  
REQUESTED

