

Appendix V C-2

ALTERNATE STATEMENT FOR REPORTING AND DISCLOSURE  
(For Deferred Compensation Plans)

TO: Office of Pension and Welfare Benefit Programs  
Labor Management-Services Administration  
U.S. Department of Labor  
Washington, DC 20216

2520032030996

FROM: Employer: HILL & MARKES, INC.  
Employer Identification Number: 14-0751030  
Address: P.O. BOX 7 Edson St.  
Amsterdam, NY 12010

*Top*

11/30, 1995

This document constitutes the statement required by 29 C.F.R., §2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to nonqualified deferred compensation plans maintained by the above employer.

The employer currently maintains 5 nonqualified deferred compensation plan(s) for employees who are members of a select group of management or who are highly compensated.

The number of participants in each plan is as follows:

Plan 1 1  
Plan 2 4  
Plan 3         

[signed]

Administrator: *Kevin W. Schaf*

Title: V.P. Finance of

Employer: Hill & Markes, Inc.

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