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## CERTIFIED MAIL

January 15, 2008

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

**Re:** Notice of Adoption of the Deferred Compensation Arrangement

Dear Sir/Madam:

Pursuant to Department of Labor Regulation section 2520.104-23, the undersigned employer hereby files the following information with respect to a new deferred compensation plan.

1. Name and address of employer:  
  
Fairbanks Scales Inc.  
821 Locust Street  
Kansas City, MO 64106
2. Federal Employer Identification Number: 43-1464165
3. One person is covered by the plan.

Fairbanks Scales Inc.

By: 

F. A. Norden, CEO



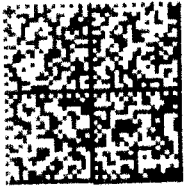
821 LOCUST  
KANSAS CITY, MO 64106  
www.fairbanks.com

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