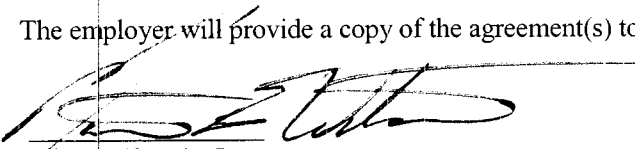


**REPORTING AND DISCLOSURE STATEMENT FOR  
NONQUALIFIED DEFERRED COMPENSATION PLANS**

To The Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR sec. 2520.104-23, the following information is provided by the undersigned administrator:

- (1) The name of the employer is: Liberty Electric, Inc.
- (2) The mailing address of the employer is: 9660 Summit Drive  
Missoula, MT 59808
- (3) The Employer Identification Number is: 81-0401274
- (4) The above-named employer maintains plans primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Number of Plans and Participants in each plan:  
  
1 plan covering 4 employees.
- (6) The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

  
Liberty Electric, Inc.

By: Marvin Wilson (as Plan Administrator)

Dated 4-7, 2008

(Note to Attorney: This statement must be filed within 120 days after the plan is adopted. DOL Reg. sec. 29 CFR 2520.104-23(b)(2). If the employer fails to comply with this requirement, the plan must distribute and file a Summary Plan Description and meet other applicable reporting and disclosure requirements. The statement should be mailed to: U.S. Department of Labor, Pension and Welfare Benefit Administration, Room N 5638, 200 Constitutional Ave., N.W., Washington, DC 20210

Liberty Electric Inc  
9660 Summit Drive  
Missoula, MT 59808



USA 41

DOL Pension & Welfare Benefit Admin  
Room N 5638  
200 Constitution Ave NW  
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