



**Western
Forms**

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March 21, 2008

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
200 Constitution Avenue NW
Washington, DC 20210

Re: Notice of Plan of Deferred Compensation

Dear Sir/Madam:

Pursuant to DOL Regulation section 2520.104-23, the undersigned employer hereby files the following information with respect to its plan of deferred compensation:

1. ***Name, address and federal EIN of employer:***

Western Forms, Inc.
6200 Equitable Road
Kansas City, MO 64120
44-0626366
2. The employer maintains one plan of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees.
3. ***Number of employees covered by such plan:*** 23.

WESTERN FORMS, INC.

By: 

Ronald A. Ward
President/CEO

6200 Equitable Road
Kansas City, MO 64120-1394

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