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February 3, 2009

U. S. Department of Labor
Pension and Welfare Benefit Administration
Room N 5638
200 Constitutional Avenue, N.W.
Washington, DC 20210

Re: Nonqualified Deferred Compensation Plan

Dear Sir:

In accordance with DOL Reg. Sec.29 CFR 2520.104-23(b)(2), we are enclosing the required statement to be filed with your department.

If you have any questions, please feel free to contact me at 406-655-9555 or email me at jeannier@hydrosi.com.

Respectfully Submitted,
HydroSolutions Inc

A handwritten signature in black ink that reads "Jeannie Riddle". The signature is written in a cursive style.

Jeannie Riddle
Business Manager/Contract Specialist

Enc. Reporting and Disclosure Statement

Billings Office
PO Box 80866
Billings, MT 59108-0866
Phone: (406) 655-9555
Fax: (406) 655-0575

Helena Office
PO Box 1779
Helena, MT 59624
Phone: (406) 443-6169
Fax: (406) 443-6385

Sheridan Office
1043 Coffeen Ave, Ste C
Sheridan, WY 82801
Phone: (307) 673-4482
Fax: (307) 673-4397

Red Lodge Office
PO Box 2446
Red Lodge, MT 59068
Phone: (406) 446-9940
Fax: (406) 446-1260

**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: Hydro Solutions, Inc.
- (2) The mailing address of the employer is: P.O. Box 80866
Billings, MT 59108
- (3) The Employer Identification Number is: 81-0527775
- (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 3 employees.
- (6) The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

Hydro Solutions, Inc.

By  (as Plan Administrator)

Dated February 2, 2009

(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

HydroSolutions Inc.
PO. Box 80866
1537 Ave. D
Third Floor
Billings, MT 59102



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