



LEATHERMAN®

April 9, 2009

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U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, Suite N-1513
Washington, DC 20210

Dear Sir or Madam:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is:
Leatherman Tool Group, Inc.
2. The mailing address of the employer is:
12106 NE Ainsworth Circle, Portland, OR 97220
3. The employer's federal identification number (EIN) is:
93-0841712
4. The number of plans and the number of participants in each plan is:
1 plan covering 8 employees. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respectfully submitted,

M. Harter



THE PANGBURN GROUP
P.O. Box 900
103 Gisele Street
New Roads, LA 70760-0900

CERTIFIED MAIL™



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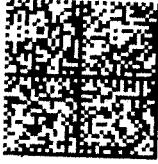
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