

APPENDIX 4L: Top Hat Plan Statement (See section 401)

USA/PUBLIC DISCLOSURE

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Instructions: The employer may use the following letter to report a top hat plan.

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

The following statement is filed in compliance with Department of Labor Regulation 2520.104-23 to satisfy the reporting and disclosure requirements of Part 1 of Title I:

Employer name and address: Big Foot Country Club 770 Shabbona Dr.
PO Box 140 Fontana, WI 53125
Employer EIN: 39-0165735

The above-named employer maintains 4 (number) of unfunded plan(s) for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The number of employees participating in each plan are as follows:

Plan: Non-qualified Deferred Comp. Number of employees: 4
Plan: Number of employees:

[Handwritten Signature]
Signature

Maria Kuhn, Controller
Name and Title



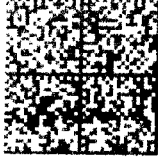
Big Foot Country Club

P.O. Box 140
Fontana, Wisconsin 53125

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