

EBSA/PUBLIC DISCLOSURE
2010 OCT 15 PM 1:36



October 6, 2010

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

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

Employer Name: Associated Milk Producers, Inc.
Address: 315 North Broadway St
New Ulm, MN 56073-0455
EIN#: 74-1649119

Name of Plan: Associated Milk Producers, Inc. Executive Deferred Compensation Plan
Number of Plan(s): 1
Number of Employees in Plan(s): 22

Very truly yours,

A handwritten signature in black ink, appearing to read "Ed M. Wells", is written over the typed name of the Plan Administrator.

Plan Administrator

V2.00-2.00

ASSOCIATED MILK PRODUCERS INC.

P 507.354.8295 | 315 North Broadway
F 507.359.8651 | P.O. Box 455
New Ulm, MN 56073

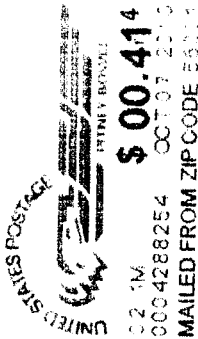
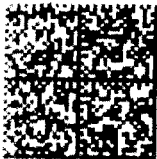


Associated Milk Producers Inc.

315 N. Broadway
P.O. Box 455
New Ulm, MN 56073-0455

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS



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