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EBSA/PUBLIC DISCLOS

2010 OCT 28 PM 1:05

Emily L. Ruhsam
 Attorney at Law

Tel 952 921 4617
 eruhsam@seatonlaw.com

October 26, 2010

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

Re: Statement of Compliance

To Whom it May Concern:

In accordance with Section 110 of ERISA and the procedures set forth in 29 CFR Part 2520.104-23(b)(1), Interstate Improvement, Inc. submits the following statement:

(1) Employer Name and Address:

Interstate Improvement, Inc.
 16871 Canby Avenue
 P.O. Box 8
 Faribault, MN 55021


(2) Employer Identification Number: 41-2017814

(3) Interstate Improvement, Inc. maintains plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

(4) Currently, there are ten employees with deferred compensation arrangements.

If you have any questions, please contact me.

Sincerely,


 Emily L. Ruhsam

cc: Cindy Nations, President



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1 From **US** **8730 1081 2130** **US** **8730 1081 2130**

Sender's Name _____ Phone _____

Company _____

Address _____

City _____ State _____ ZIP _____

2 Your Internal Billing Reference _____

3 To Recipient's Name _____ Phone _____

Company _____

Address _____

City _____ State _____ ZIP _____

4a Express Package Service **160 lbs**

4b Express Freight Service **over 160 lbs**

5 Packaging **Envelope**

6 Special Handling and Delivery Signature Options

7 Payment Bill to: **Sender**

Payment Method: **Credit Card**

Total Packages: **1**

Total Weight: **160.5**

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