

REPORTING AND DISCLOSURE STATEMENT FOR
NONQUALIFIED DEFERRED COMPENSATION PLANS

2011 JUN 20 PM 2:09

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: Hardrives Construction, Inc.
- (2) The mailing address of the employer is: 3225 1st Avenue North
Billings, MT 59101
- (3) The Employer Identification Number is: 81-0470148
- (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:
3 plans covering 1 employee each.
- (6) The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

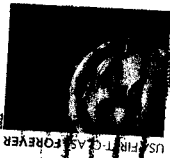
Hardrives Construction, Inc.
 By *[Signature]* (Plan Administrator)
 Dated June 9, 20 11

(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

**CREATIVE
BUSINESS
STRATEGIES** INC.

914 Wyoming Ave.
Billings, MT 59101

WILLINGS MT 59101
13 JUN 2011 PM 2 L



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

