

**Alternative Reporting and Disclosure Statement
for Nonqualified Deferred Compensation Plans**

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

EBSA/PUBLIC AFFAIRS
2012 SEP 10 PM 4:09

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 un-funded 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 provide by the undersigned administrator:

1. The name of the Employer is: Tri-Rinse, Inc.
2. The mailing address of the Employer is: 1402 South Second Street
St. Louis, MO 63104
3. The Employer Identification Number is: 43-1595294
4. The above named Employer maintains a Plan (or 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 Eligible Employees in each Plan:
One Plan covering 1 Eligible Employee
6. The Employer will provide a copy of the agreement (s) to the office of Employee Benefits Security Administration upon request.

Tri-Rinse, Inc.

By: 
Authorized Person

Dated: February 15, 2011



POSTAGE WILL BE PAID BY ADDRESSEE
FIRST CLASS PERMIT NO. 1000 WASHINGTON, D.C.

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