

July 1, 2012

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DSSA/PHOTO/REGISTRATION

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

Dear Sir or Madam:

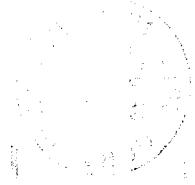
In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is: Kelley Bean Co., Inc.
2. The mailing address of the employer is: 2407 Circle Drive, PO Box 2488, Scottsbluff, NE 69361
3. The employer's federal identification number (EIN) is: 47-0356830
4. There is one (1) plan covering four (4) employees. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respectfully submitted,

Kelley Bean Co. Inc.
[Title] By: [Signature] EVP - CFO



KELLEY BEAN CO.
 2407 Circle Drive
 P.O. Box 2488
 Scottsbluff, NE 68363-2488

Handwritten note:
 Kelly Bean Co.
 2407 Circle Drive
 P.O. Box 2488
 Scottsbluff, NE 68363-2488

