

January 3, 2013

Top Hat Plan Exemption  
Pension & Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

Dear Sir or Madam:

Pursuant to the Department of Labor Regulations, 29 C.F.R. §2520.104-23, under Section 110 of Title I of the Employee Retirement Income Security Act of 1974, the undersigned employer provides the following information in compliance with the alternative method of reporting and disclosure for unfunded plans maintained for a select group of management or highly compensated employees.

1. Name and Address of Employer:

Schoenecker's, Inc.  
7630 Bush Lake Road  
Minneapolis, MN 55439

2. Employer Identification Number:

41-0688799

3. Schoenecker's, Inc. maintains this plan primarily to provide deferred compensation benefits for a select group of management or highly compensated employees.

4. Number of such Plans and number of Participants in each Plan reported herein:

PLAN

PARTICIPANTS

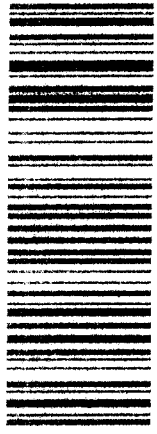
Separation Agreement and Release

1

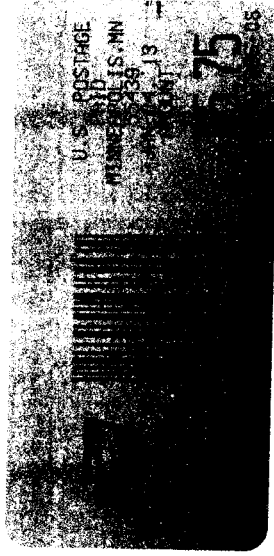
Schoenecker's, Inc.  
Plan Administrator

By: Nancy Martinson  
Its VP - HR

BI WORLDWIDE  
7630 Birch Lake Road | Minneapolis, MN 5543



7012 2210 0001 7170 6858



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Pension + Welfare Benefits Admin  
Room - N-5644  
US DOL  
200 Constitution Ave NW  
Wash, DC 20210

RETURN RECEIPT  
SERIALIZED  
POST OFFICE

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES