

EBSA/PUBLIC AFFAIRS

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October 31, 2013

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room 5644  
U.S. Department of Labor  
200 Constitution Avenue, NW  
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:

Allied Printing Co., Inc.  
EIN: 38-1413441

2. The mailing address of the employer is:

22438 Woodward Avenue, Ferndale, MI 48220

3. The number of plans and the number of participants in each plan is:

1 plan covering 6 employees. The above named employer maintains this plan primarily for the purpose of providing life insurance 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,

  
Margaret Fitzgerald  
Plan Administrator

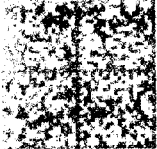
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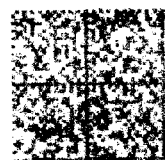
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