

EBSA
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November 6, 2013

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

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

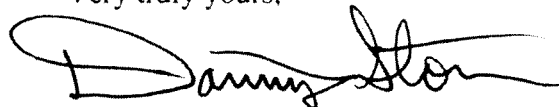
In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

Employer Name: Storm Technologies, Inc.
Address: PO Box 429, 411 North Depot Street
Albemarle, North Carolina 28002
EIN#: 56-1833610

Name of Plan: Storm Technologies, Inc. Executive Compensation Plan
Number of Employees in Plan(s): 10

Very truly yours,



Danny Storm
Plan Administrator



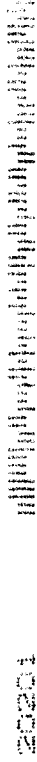
P.O. Box 806 • Brainerd, MN 56401



7012 2920 8001 6353 3344



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