

**DEPARTMENT OF LABOR REPORTING AND DISCLOSURE
REQUIREMENTS FOR UNFUNDED DEFERRED COMPENSATION
PLAN BENEFITING A SELECT GROUP OF EMPLOYEES**

Top Hat Plan Exemption
Pension and Welfare Benefits Exemption
Room N-5644
U.S. Department of Labor
200 Constitution Avenue
Washington, D.C. 21210

Gentlemen:

In compliance with Department of Labor Regulation 2520.104-23, we are filing the following disclosure statement regarding the unfunded compensation plan maintained by LOVELL MFG., INC., a corporation organized under the laws of the State of Wisconsin ("the Corporation"), for the benefit of certain key employees:

Employer Name: Lovell Mfg., Inc.

Employer Address: P.O. Box 1107, Williams Bay, WI 53191

Employer Tax Identification Number: 39-1190733

Under penalties of perjury, I declare that the Corporation named herein maintains one (1) unfunded plan for the benefit of one employee. The primary purpose of this plan is to provide deferred compensation for the employee.

A copy of this plan is available upon request.



Signature of authorized officer

2520190030772

JAMES E. LOVELL

Name of authorized officer

President

Title of authorized officer