

2520032030594

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Ave  
Washington, DC 21210

2520032030594

Gentlemen:

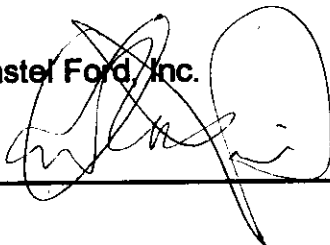
In compliance with Department of Labor Regulation 2520.104-23, we are filing the following disclosure statement regarding the unfunded compensation plan maintained by Mastel Ford, Inc., a corporation organized under the laws of the State of New York (the "Corporation"), for the benefit of certain key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

Employer Name: Mastel Ford, Inc.  
Employer Address: 1674 East State Road  
Olean, NY 14760  
Employer Identification Number: 16-0838959

Under penalties of perjury, I declare that the Corporation named herein maintains one unfunded plan for the benefit of a select group of employees totalling one. The primary purpose of this plan is to provide deferred compensation for the select group of employees.

A copy of this plan is available upon request.

Mastel Ford, Inc.



Harold Suain

President  
(Title)

*Part.*