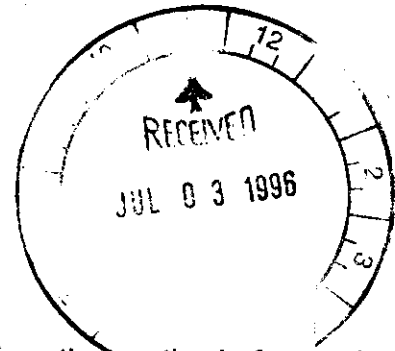


2520032066863

The Secretary of Labor
Office of Employee Benefits Security
Labor-Management Services Administration
U.S Department of Labor
Washington, D.C. 20016



In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR sec. 2520.104-23, the following information is provided by the undersigned administrator.

- (1) The name of the employer is Don's Plumbing and Heating *
- (2) The mailing address of the employer is 1003 East Clifton Street,
Tomah, Wisconsin 54660
- (3) The Employer Identification Number is 2598720
- (4) The above-named employer maintains a plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Number of Plans and Participants in each plan:
1 plan covering 6 employees.
- (6) The employer will provide a copy of the agreement to the Secretary of Labor upon request.

(Name of Employer) Don's Plumbing and Heating *

By *Keith Schedler*
Keith Schedler, President

Dated 6/12, 1996

*Legal name is: DON'S PLUMBING SERVICE, INC.



Don's Plumbing & Heating
1003 East Clifton Street
Tomah, Wisconsin 54660

Dear Keith Schedler

We are in receipt of your statement filed with the Secretary of Labor registering your deferred compensation plan (under 29 CFR 2520.104-23) for the above company.

The following information was omitted in the initial filing. Please furnish the necessary information indicated so we may complete your file.

Employer Identification Number (EIN) (9 digits) 39-1531656

Number of plans _____

Number of employees participating in the plan(s) _____

Address of participating Sponsor _____

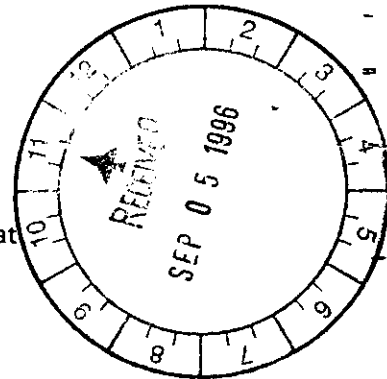
Declaration (e.g., plan is for highly compensated employee(s)) _____

Other _____

If the plan has terminated, please give the date of termination _____

Please return this letter with the appropriate items completed within 30 days to:

U.S. Department of Labor
Pension and Welfare Benefits Administration
Frances Perkins Bldg., Room #N5638
200 Constitution Avenue NW
Washington, DC, 20010
Attn: Ramona Evans, Supervisor
Records and Examination Unit



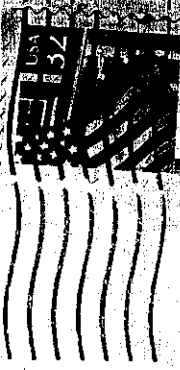
Also, please be advised that we will reconize your initial filing date for the above Top Hat

If you have any questions concerning this letter, please call (202) 219-7222 ext. 3074.

Sincerely,

Ramona Evans, Supervisor Records and Examination Unit Department

Don's Plumbing Service, Inc.
Plumbing • Heating • Appliances
Highways 12 & 16 East
1005 E. Clifton Street • Tomah, WI 54660



01 29 08/26/96 153#Z WEMP, DC 200

U.S. DEPARTMENT OF LABOR
PENSION & WELFARE BENEFITS ADM.
200 CONSTITUTION AVE. N.W.
WASHINGTON, DC. 20210

