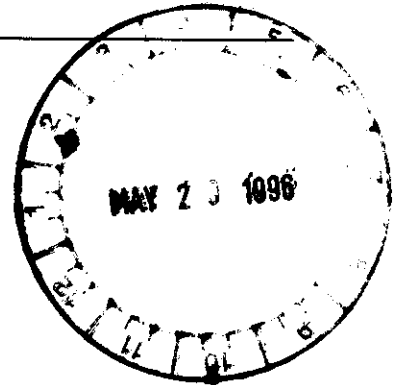


2520032066894

Northern Rocky Mountain Easter Seal Society
4400 Central Avenue
Great Falls, MT 59401



Secretary of Labor
Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, DC 20210

Dear Sir:

CFM

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 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. 20 C.F.R. §2520.104-23, the following information is provided by the undersigned employer.

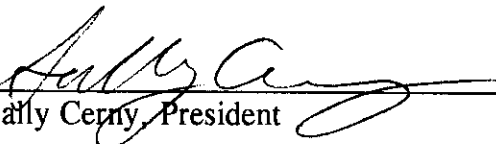
Name and Address of Employer: Northern Rocky Mountain Easter Seal Society
4400 Central Avenue
Great Falls, MT 59401

Northern Rocky Mountain Easter Seal Society maintains plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Northern Rocky Mountain Easter Seal Society has added other employees to the previously reported plans for a total number of plans and participants in each plan of: 13 Plans covering 13 employees.

DATED this 21 day of May, 1996.

NORTHERN ROCKY MOUNTAIN EASTER
SEAL SOCIETY

By 
Sally Cerny, President



Northern Rocky Mountain Easter Seal Society
4400 Central Ave.
Great Falls, MT 59401
PO Box 302

Dear Sally Cerny, Pres.

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) 81-0232125
- 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:

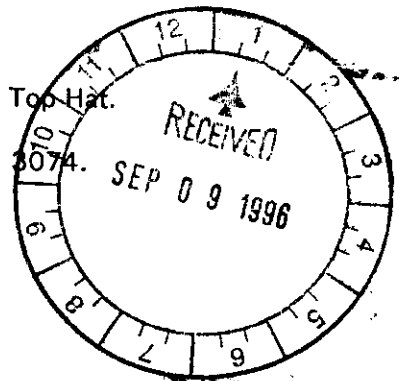
U.S. Department of Labor
Pension and Welfare Benefits Administration
Frances Perkins Bldg., Room #N5638
200 Constitution Avenue NW
Washington, DC, 20010
Attn: Ramona Evans, Supervisor
Records and Examination Unit

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

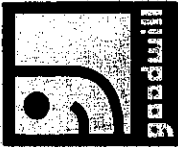
If you have any questions concerning this letter, please call (202) 219-7222 ext. 3074.

Sincerely,

Ramona Evans, Supervisor Records and Examination Unit Department



The power to overcome



Northern Rocky Mountain Easter Seal Society/Goodwill Industries
Easter Seal Services of Montana, Idaho & Wyoming
Goodwill Services of Montana & Southern Idaho

Corporate Headquarters
4400 Central Avenue • Great Falls, MT 59405-1695



Secretary of Labor
Top Hat Plan Exemption
Pension & Welfare Benefits Administration
Room N-5844
U. S. Dept. of Labor
200 Constitution Avenue N. W.
Washington, D.C. 20210

John H. ...

