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JUNE 2, 2003

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

To Whom It May Concern:

1. In accordance with Department of Labor Reg. §2520.104-23, the employer described below is providing notification of its intent to satisfy the reporting and disclosure requirements of §104 of ERISA by alternative means as authorized by §110 of ERISA.
2. The employer described below maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
3. The name, address, and employer identification number (EIN) of the employer are:

Lost Arrow Corporation
259 West Santa Clara Street
Ventura, California 93001
EIN: 95-2785810

4. The plan information is as follows:

Name: Lost Arrow Corporation Deferred Compensation Plan

Number of Employees in Plan: 3

Sincerely yours,

A handwritten signature in black ink, appearing to read "Robin M. Solomon". The signature is fluid and cursive, with a long horizontal flourish at the end.

Robin M. Solomon

cc: Wendy Gerard Esq.

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