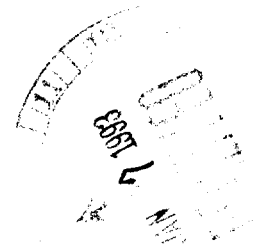


2520032034583

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

December 9, 1992

Pension and Welfare Benefits Administration
P.O. Box 75212
Washington, D.C. 20013-5215



Re: Plan to Provide Retirement Benefits for Everett Hart

Dear Sir/Madam:

Pursuant to the provisions of Department of Labor Regulations at 29 CFR §2520.104-23, you are hereby notified that Charles C. Hart Seed Co. identified in Item 1 below maintains a plan (plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. Item 2 below sets forth the approximate number of participants in each plan as of the date of this letter.

1. Name, Address, Employer Identification Number of employer maintaining plan(s):
Charles C. Hart Seed Co.,
304 Main Street
Wethersfield, CT 06109
#06-0382780

2. Number of participants in each plan to which this notification applies.

<u>Plan Number</u>		<u>Number of Participants</u>
1	30680	1

I am enclosing a check for \$1,000 for payment of the penalty for the late filing of this registration statement pursuant to the notices issued by the Pension and Welfare Benefits Administration of the Department of Labor on March 23, 1992 and July 24, 1992.

Please date-stamp the enclosed copy of this letter and return it to me in the stamped self-addressed envelope provided.

Very truly yours,

Charles C. Hart, V.P.
Charles C. Hart, V.P.

cc: Bernard Blum, CPA

CERTIFIED MAIL
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P.O. Box 75212
Washington, D.C. 20013-5215

COPY

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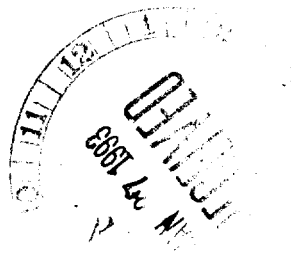
Please date-stamp the enclosed copy of this letter and return it to me in the stamped self-addressed envelope provided.

Very truly yours,

Charles C. Hart

COPY

cc: Bernard Blum, CPA



30680

THE CHAS. C. HART SEED CO.

304 MAIN STREET • P.O. BOX 9189
WETHERSFIELD, CT 06109

CONTROL # L UZL401

INVOICE #	DATE	DUPLICATE	GROSS AMOUNT	DISCOUNT	NET
060382780	12/28/92	NONE	1,000.00	.00	1,000.00
DATE 12/28/92			22467	.00	1,000.00

THE CHAS C. HART SEED COMPANY
304 MAIN STREET
P.O. BOX 9169
WEIHEASFIELD, CT 06129-0169

Fold at line over top of envelope
right of the return address

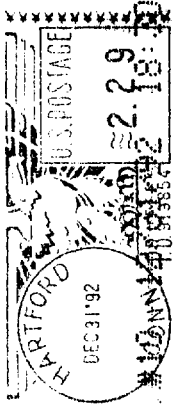
CERTIFIED

P 262 635 514

MAIL

*Return Receipt
Requested*

PENSION AND WELFARE BENEFITS ADMINISTRATION
P.O. BOX 75212
WASHINGTON, D.C. 20013-5215



CT 061

**RETURN RECEIPT
REQUESTED**