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CERTIFIED MAIL

Top Hat Plan Exception
Pension & Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Mr. Secretary:

This Company currently has an employee benefit plan primarily established and maintained for the purpose of providing a plan of deferred compensation and salary continuation to a select group of highly compensated employees.

1. Number of Employees Participating in this Plan: 4

2. The pertinent employer data is as follows:

Employer: Retina-Vitreous Associates, Inc.
525 South Drive, Suite 211
Mountain View, California 94040

Telephone: (415) 969-7997

Employer Identification Number: 94-2906234

Plan No. 501

Date Plan Became Subject to Part I of Title I: February 10, 1993

This statement is filed under the authority of Labor Regulation Section 2520.104-23 and is filed within the 120 days after the plan became subject to Part 1 of Title I of the Act.

Sincerely,

RETINA-VITREOUS ASSOCIATES, INC.

By: _____


Sterling J. Haidt, President

Date: _____

3/23/93