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September 21, 1992

Top Hat Exemption  
Pension And Welfare Benefits Administration  
Room N-5644  
U.S. Dept. of Labor  
200 Constitution Ave. N.W.  
Washington, D.C. 20210

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**Re: Longaker, Rimkus & Associates, Inc. Employment Agreement**

Gentlemen:

On behalf of the above captioned employer, we hereby submit the information required by DOL Regulation Section 2520.104-23(b):

1. Name of Employer: Longaker, Rimkus & Associates, Inc.
2. Address of Employer: Bldg. 4, Suite 200  
2000 Winton Road South  
Rochester, NY 14618
3. Tax Identification Number: 22-2725182
4. The employer maintains the plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
5. Number of Plans: 1
6. Number of Employees in the Plan: 2

Please acknowledge receipt of this letter by time stamping and returning to me the enclosed duplicate of it. A postage paid return envelope is provided for your convenience.

Very truly yours,

WOODS, OVIATT, GILMAN, STURMAN & CLARKE

*Eugene Parrs*  
Eugene Parrs

