



TRANSITIONS

OF WESTERN ILLINOIS

2520032901843

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30 December, 2002

Office of Employee Benefits Security
Labor Management Service Administration
U.S. Department of Labor
Washington, D.C. 20216

Re: Notice of Plan(s) of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:
Transitions of Western Illinois
4409 Maine Street
Quincy, Illinois 62301
2. Federal Employer Identification No. (EIN): 37-0971282
3. The Employer maintains one plan of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly-compensated employees.
4. Currently 1 employee is covered by this plan, but a maximum of 10 will be covered in the future.

Sincerely,

J. Michael Rein
Executive Director

JMR/jrl

