

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR A NONQUALIFIED
DEFERRED COMPENSATION PLAN

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To: Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

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In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: **La Maestra Family Clinic, Inc.**

Employer's Address: **4185 Fairmount Avenue**
San Diego, CA 92105

Employer Identification Number: **33-0473171**

La Maestra Family Clinic, Inc., 457(b) Eligible Deferred Compensation Plan which covers **two Participants**

Total Number of Plans: **One**

La Maestra Family Clinic, Inc.
Plan Administrator of the Plan Specified Above

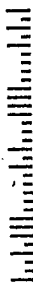
By: *Sara Marsella*, LMFC Inc.

Date: 8-29, 2002



Family Clinic

4185 Fairmount Avenue
San Diego, CA 92105



Top Hat Plan Exemption

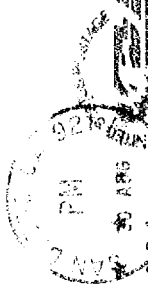
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