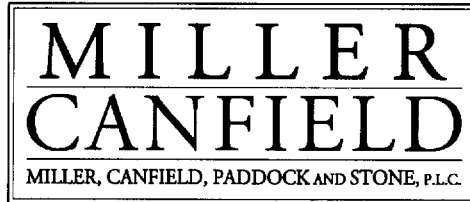


Founded in 1852
by Sidney Davy Miller

150
YEARS
1852-2002

PATRICIA A. CONOR
TEL: (616) 383-5865
FAX: (616) 382-0244
E-MAIL: conor@millercanfield.com



444 West Michigan Avenue
Kalamazoo, Michigan 49007
TEL: (616) 381-7030
FAX: (616) 382-0244
www.millercanfield.com

March 1, 2002

MICHIGAN: Ann Arbor
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Lansing • Monroe • Troy

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Washington, D.C.
CANADA: Windsor, ON
POLAND: Gdynia
Katowice • Warsaw

AFFILIATED OFFICE:
Pensacola, FL

02 MAR 12 PM 12:01

VIA CERTIFIED MAIL

Pension and Welfare Benefits Administration
200 Constitutional Avenue, N.W.
Washington, D.C. 20210

2520032902990

Re: Beckering Advisor, Inc. Executive Master Plan II for David J. Beckering

Dear Sir/Madam:

Attached is an Alternative Method of Compliance Statement for the above-captioned Plan.

Please advise if additional information is needed.

Very truly yours,

MILLER, CANFIELD, PADDOCK AND STONE, P.L.C.

By: *Patricia A. Conor*
Patricia A. Conor
Legal Assistant

/pac
Enclosure
KZLIB:388280.1\000000-00000

ALTERNATIVE METHOD OF COMPLIANCE STATEMENT (PROTECTIVE FILING)

Beckering Advisor, Inc.

Executive Master Plan II (“Plan”) for David J. Beckering

Name and Address of Plan: Beckering Advisor, Inc. Executive Master Plan II for David J. Beckering
65044th Street SE
Grand Rapids, MI 49548

Sponsoring Employer: Beckering Advisor, Inc.
Federal Employer I.D. No.: 38-3204143

Number of Plans: One

Number of Participants as of December 31, 2001: One

Advantage Private Nursing Services, Inc. (“Employer”) declares that its intent is to maintain a deferred compensation arrangement as named above primarily for the purpose of providing deferred compensation for one individual, David J. Beckering. The Employer believes that the above Plan is not subject to the rules and regulations governing the filing of reports for deferred compensation plans under ERISA. This Alternative Method of Compliance Statement is being filed as a protective measure in the event it is determined that the above Plan is subject to such rules and regulations.



7000 0520 0025 1600 7892

RETURN RECEIPT
REQUESTED

MILLER
CANFIELD
MILLER, CANFIELD, PADDOCK AND STORVE, P.C.
444 West Michigan Avenue
Kalamazoo, MI 49007-3751

9/1/91

TO:
PENSION AND WELFARE BENEFITS
ADMINISTRATION
200 CONSTITUTIONAL AVENUE, N.W.
WASHINGTON, D.C. 20210

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Pension + Welfare
Benefits Administration
200 Constitutional Ave NW
Washington DC 20210

2. Article Number (Copy from service label)
7000 0520 0025 1600 7892

PS Form 3811, July 1999
Domestic Return Receipt
102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____
B. Date of Delivery _____

C. Signature _____

D. Is delivery address different from item 1? Yes No
 Agent
 Addressee

3. Service Type
 Certified Mail
 Registered Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No