

TOP HAT ANNUAL REPORT  
EXEMPTION DECLARATION STATEMENT

Name, Address & Identification Number of Employer:

Houston's, Inc  
9799 SW Freeman Drive  
Wilsonville, OR 97070  
93-0457161

2520032904878

Statement of Exemption:

The above employer maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans:

One

Number of Employees in Each Plan:

4

File within 120 days of later of adoption of plan or date plan covers first employee. File with:

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

# DUNN, CARNEY, ALLEN, HIGGINS & TONGUE

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February 9, 1999

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

Re: Top Hat Annual Report Exemption Declaration Statement  
Our File No. HOU6-1

To Whom It May Concern:

Attached is the Top Hat Annual Report Exemption Declaration Statement for the indicated employer.

If anything further is necessary, please advise this office.

Very truly yours,

  
Robert K. Winger

RKW:car

Enclosure

cc: Steve Satterthwaite (w/encl.)

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