

Law Department



March 8, 1991

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

Dear Sir or Madam:

Pursuant to Department of Labor regulation section 2520.104-23, the undersigned, as administrator of the Gannett Transitional Compensation Plan, hereby certifies as follows:

1. The employer is:

Gannett Co., Inc.
1100 Wilson Boulevard
Arlington, Virginia 22209
2. The employer's tax identification number (EIN) is 16-0442930.
3. The employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The employer maintains only one such plan, with a total of 63 employees participating therein.
5. On behalf of the employer, I hereby agree to provide plan documents to the Secretary of Labor upon request.

Very truly yours,

A handwritten signature in cursive script, appearing to read 'Thomas L. Chapple'.

Thomas L. Chapple,
Secretary, Gannett Co., Inc.
on behalf of the
Administrator of the
Gannett Transitional
Compensation Plan