

To:

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

From:

Employer: Arlington Club

Employer Identification Number: 93 0114390

Address: 811 S.W. Salmon Street
Portland, Oregon 97205

2520040151431

December 1, 19 93

This document constitutes the statement required by 29 C.F.R. § 2520.104-23 (a)(1) to be filed with the Secretary of Labor in respect to nonqualified deferred compensation plans maintained by the above employer.

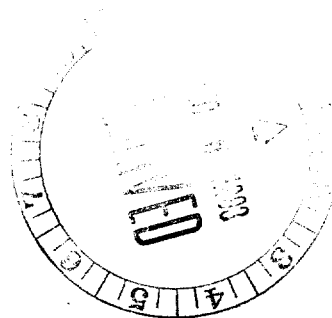
The employer currently maintains ² nonqualified deferred compensation plan(s) for employees who are members of a select group of management or who are highly compensated.

The number of participants in each plan is as follows:

Plan 1 1

Plan 2 1

Plan 3 _____



(Signed)

Signed 12-01-93
AA Edr

Administrator: Arlington Club

Title: _____

Employer: Arlington Club