



NEW YORK STATE

NYSHFA

HEALTH FACILITIES ASSOCIATION, INC.

2520040760494

33 Elk Street, Suite 300, Albany, NY 12207-1010
Telephone: (518) 462-4800 Fax: (518) 426-4051

August 15, 1995

Secretary of Labor
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

RE: Deferred Compensation Plan of New York State Health
Facilities Association, Inc.

Dear Secretary:

Pursuant to Section 2520.104.23 of the Department of Labor's Regulations, this letter will serve as notice that, with respect to the Deferred Compensation Plan of New York State Health Facilities Association, Inc. (the "Plan"), the undersigned intends to utilize the alternative form of compliance with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974 ("ERISA"), which alternative form of compliance is provided in the aforesaid Regulations Section.

Pursuant to Regulations Section 2520,104-23(b), the following information is provided:

1. Name and Address of Employer

New York State Health Facilities Association, Inc.
33 Elk Street, Suite 300
Albany, New York 12207

2. Employer's Employer Identification Number:

16-0970663

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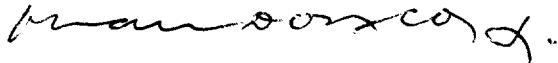
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3. The Employer hereby declares that it maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The Employer hereby states that it maintains only the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Pursuant to Regulations Section 2520.104-23(b)(2), the Employer will provide Plan documents, if any, to the Secretary of Labor upon request as required by Section 104(A)(1) of ERISA.

Very truly yours,

NEW YORK STATE HEALTH FACILITIES ASSOCIATION, INC.



Orlando Orozco
Director, Finance & Reimbursement

OO/djs