

**BRUCE A. SCHILKEN, P.C.**

PROFESSIONAL CORPORATION  
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June 1, 1995

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

Re: Notice of Plans of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned employer hereby files the following information with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:  
LaPLATA FAMILY MEDICINE ASSOCIATES, P.C.  
3235 Main Avenue, Durango, Colorado 81301
2. Federal Employer Identification No. (EIN):  
84-1077063
3. The Employer maintains four (4) plans of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly-compensated employees.
4. Four (4) employees are covered by such plans.

Very truly yours,

BRUCE A. SCHILKEN, P.C., Attorney for  
LaPLATA FAMILY MEDICINE ASSOCIATES, P.C. Plan Administrator

By: Bruce A. Schilken  
Bruce A. Schilken