

Top Hat

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July 1, 1994

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

JUL 20 1994
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Dear Sir:

On behalf of the employer identified below, a filing is hereby made for the alternative form of compliance under Labor Regulation 29 C.F.R. §2520.104-23(a).

Information relative to the filing is as follows:

Employer Name: Christian Benevolent Outreach, Inc.
Employer Address: 3816 Cemelot Drive
Lexington, KY 40503
Employer Identification Number: 51-0178917

Covered Employees:	Effective Date of Coverage
<u>Jean T. Barker</u>	<u>July 1, 1994</u>
<u>Mayme Eileen Burberry</u>	<u>July 1, 1994</u>
<u>Linda Cummins</u>	<u>July 1, 1994</u>

Declaration: The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. At this time, the individuals listed above as Covered Employees are participants in the plan. Each key employee has a separate agreement evidencing such plan of derred compensation.

Effective Dates of Coverage are listed above. If you have any questions or if I can be any additional assistance please do not hesitate to contact me.

Very truly yours,