

February 11, 2003

687-11-0111-55

Certified Mail
Return Receipt Requested

Welfare Benefit Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
United States Department of Labor
200 Constitution Avenue NW.
Washington, DC 20210

2520040762216

To the Secretary of Labor:

To comply with the requirements of the alternative reporting and disclosure method under ERISA § 110 applicable to unfunded or insured welfare benefit plans for a select group of management or highly compensated employees, as set forth in 26 CFR §2520.104-24, the following information is provided by the undersigned plan administrator:

1. The name of the employer is: Charles J. Costich, P.E., L.S., P.C.
2. The mailing address of the employer is: **217 Lake Avenue, Rochester, New York 14608**
3. The employer identification number (EIN) of the employer is: 16-1279230.
4. The plan name and number of employees participating in each plan is:

<u>Plan Name</u>	<u>Number of Participants</u>
Deferred Compensation Plan	2
Qualified Sick Pay Plan	2

5. The Employer will provide a copy of the plan agreements to the Secretary of Labor upon request.

The above-named employer maintains these plans primarily for the purpose of providing death benefits and disability pay to a select group of management or highly compensated employees.

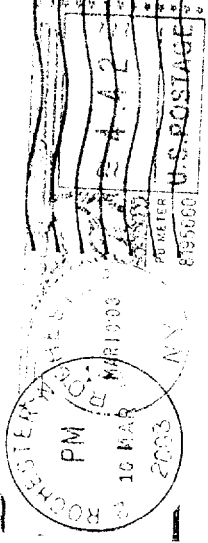
Charles J. Costich, P.E., L.S., P.C.

By: Mark R. Costich
MARK R. COSTICH, President

Charles J. Costich, P.E., L.S., P.C.
217 Lake Avenue
Rochester, NY 14608



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