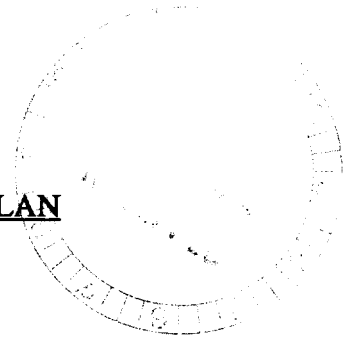


STATEMENT REGARDING TOP HAT PENSION PLAN



In accordance with ERISA §2520.104-23, Brookville Youth Clinic, P.C. is filing the following information.

Name and Address of Employer:

2520040764905

Brookville Youth Clinic, P.C.  
840 Brookville Plaza, S.E.  
Grand Rapids, MI 49508

Employer Identification Number:

38-1998410

Number of Plans:

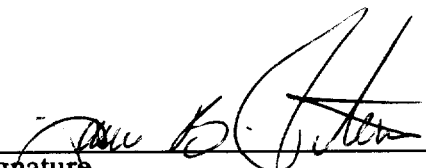
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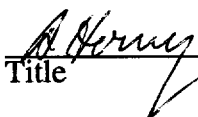
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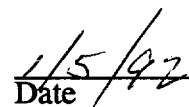
Number of Employees:

3 employees

Brookville Youth Clinic, P.C. maintains this plan solely for providing deferred compensation for a select group of management or highly compensated employees.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Title

  
\_\_\_\_\_  
Date

**BORRE, PETERSON, FOWLER & REENS, P. C.**  
ATTORNEYS AT LAW  
44 LAURETTE, N. E.  
P. O. BOX 1767  
GRAND RAPIDS, MICHIGAN 49501-1767

Fold at line over top of envelope to the  
right of the return address

**CERTIFIED**

P 378 551 1.53

**MAIL**



**RETURN RECEIPT  
REQUESTED**

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
PENSION AND WELFARE BENEFITS  
ADMINISTRATOR  
P O BOX 75212  
WASHINGTON D C 20013-5212**