

July 1, 1995

2520190030291

*PN*

**Certified Mail Return Receipt Requested**

**Office of Employee Benefits Security  
Labor Management Service Administration  
U.S. Department of Labor  
Washington, D.C. 20216**

**Re: Notice of Cafeteria Plans**

**Dear Sir or Madam:**

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:**  
  
Huggins & Company, CPA PA  
6148-B Brookshire Boulevard  
Charlotte, North Carolina, 28216
- 2. **Federal Employer Identification No. (EIN):** 56-1529205
- 3. **The Employer maintains 2 cafeteria plans primarily for the purpose of providing medical and child care to all employees.**
- 4. **All employees are covered by such plans.**

Very truly yours,  
*Larry B. Huggins*  
By: Larry B. Huggins, President

PENSION AND WELFARE  
BENEFITS ADMINISTRATION  
97 JUL 16 PM 1:13  
PROGRAM SERVICES