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Spinal Surgery

December 30, 1992

Department of Labor  
Pension and Welfare  
Benefits Administration  
P. O. Box 75212  
Washington, D.C. 20013-5212

Re: Grace Period Filing for Top Hat Plans

Gentlemen:

Following is a statement pursuant to DOL Regulation 2520.104-23:

1. Name and address of employer:  
  
Shoreline Orthopaedic and Sports Medicine Clinic, P.C.  
854 S. Washington, Suite 100  
Holland, MI 49423
2. Employer Identification Number: 38-2948894
3. The employer maintains one or more plans which provide deferred compensation to a select group of management or highly compensated employees.
4. The employer currently maintains five such plans, and each plan covers one employee.

Enclosed is a check made payable to the U.S. Department of Labor in the amount of \$1,000.00 in payment of the grace period fee.

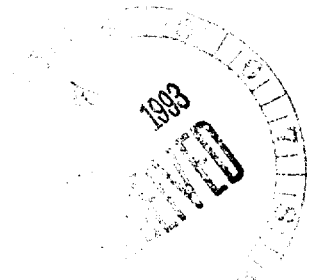
Sincerely,

Loren W. Meengs, M.D.  
President

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LWM/slo

854 S. Washington, Suite 100  
Holland, MI 49423  
(616) 396-5855



SHORELINE ORTHOPAEDIC & SPORTS MEDICINE CLINIC, P.C. HOLLAND, MI 49423

22570

Department of Labor

Pension and Welfare Ben.

P. O. Box 75212

EIN # 38-2948894 12/30

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1000.00

Washington, D.C.

20013-5212

TOTAL =

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\$1,000.00

12/30/92

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**SHORELINE ORTHOPAEDIC  
SPORTS MEDICINE**

854 S. Washington, Suite 100  
Holland, MI 49423

