

2520042391700

Pulmonary Associates of Northern New York, P.C.
19320 U.S. Route 11
Watertown, New York 13601

CERTIFIED MAIL -
RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Gentlemen:

To comply with the alternative reporting and disclosure method provided under Labor Regulations §2520.104-23, this is to inform you of the adoption of a plan maintained primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

The name and address of the Employer maintaining the plan(s) is:

Pulmonary Associates of Northern New York, P.C.
19320 U.S. Route 11
Watertown, New York 13601


The Employer's EIN is: 16-1376941.

The number of employees participating in each plan is:

<u>Plan Name</u>	<u>Number of Initial Participants</u>
Plan of Severance Pay for Qualified Employees	2

Very truly yours,

PULMONARY ASSOCIATES OF NORTHERN NEW YORK, P.C.

By: 
David P. Rechlin, D.O., F.C.C.P., President

SCOLARO, SHULMAN, COHEN, LAWLER & BURSTEIN, P.C.
ATTORNEYS AND COUNSELORS AT LAW
90 PRESIDENTIAL PLAZA
TOWNSEND AND HARRISON STREETS
ACUSE, NEW YORK 13202



TOP HAT PLAN EXEMPTION
PENSION AND WELFARE BENEFITS ADMINISTRATION
ROOM N-5644
US DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE, NW
WASHINGTON DC 20210

MAIL

Z 371 628 314

CERTIFIED

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