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January 1, 2001

U.S. DEPT. OF LABOR  
P/BA/PUBLIC DISCLOSURE  
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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

**RE: Notice Of Plan(s) of Deferred Compensation**

Gentlemen:

Pursuant to 29 C.F.R. § 2520.104-23, the undersigned employer hereby files the following with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:

Bridgewater HealthCare, Inc.  
302 North Second Street  
Bridgewater, VA 22812

2. Federal Employer Identification Number (EIN):

52-1296839

3. Name of Plan:

Bridgewater HealthCare, Inc. Nonqualified Deferred Compensation  
Plan

4. The Employer maintains one (1) plan of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees.

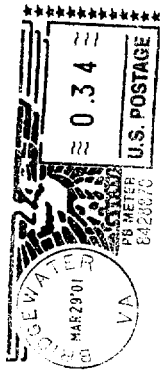
5. One (1) employee is covered by such plan.

The employer disclaims any representations regarding whether such arrangement or program is covered by ERISA.

Very truly yours,

Bridgewater HealthCare, Inc.

By: John R. Sanborn  
President



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