



2520032032783

Dear Sir/Madam;

We are in receipt of your statement filed with the Secretary of Labor registering your deferred compensation plan (under 29 CFR 2520.104-23) for the above company.

The following information was omitted in the initial filing. Please furnish the necessary information indicated so we may complete your file.

Employer Identification Number (EIN) (9 digits) 91-0462093

Address of participating company _____

Declaration (e.g., plan is for highly compensated employee(s))

Number of employees participating in the plan(s) _____

Number of plans _____

Other: _____

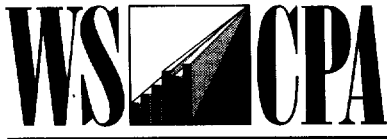
If the plan has terminated, please give the date of termination: ___/___/___

Please return this letter with the appropriate items completed within 30 days to:

Pension and Welfare Benefits Administration
U.S. Department of Labor
Frances Perkins Building, Room N-5644
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Sincerely

Files and Disclosure Program Manager
Office of Program Services



**WASHINGTON SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS**

DATE: May 31, 1993

TO: Office of Pension and Welfare Programs
Labor Management-Services Administration
U. S. Department of Labor
Washington, D. C. 20216

FROM: Washington Society of CPAs
902-140th Avenue N. E.
Bellevue, WA 98005

This statement is with respect to a non-qualified deferred compensation plan recently implemented and maintained by the Washington Society of CPAs as an Employer under the requirements of 29 CFR Section 2520-104-23(a).

Employer currently maintains one non-qualified deferred compensation plan for its Executive Director who is a member of a "select group of management" or who is "highly compensated".

The number of participants is:

Plan #1- One

Plan Administrator: Washington Society of CPAs

Employer: Washington Society of CPAs

Title: By Lauren L. Thomas
Name of Person
Its Director of Admin. Finance
Title

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