

2520043380347

March 16, 1999

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, DC 20210

RE: Notice of Plan of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. 2520.104-23, the undersigned employer hereby files the following information with respect to its plan of deferred compensation:

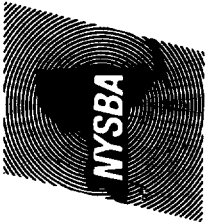
- 1. Name and Address of Employer:  
  
New York State Broadcasters Association, Inc.  
115A Great Oaks Boulevard  
Albany, New York 12203
- 2. Federal Employer Identification Number (EIN):  
  
14-1541060
- 3. The Employer maintains one plan of deferred compensation primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
- 4. One employee is covered by such plan.

Very truly yours,

New York State Broadcasters Association, Inc.

Copy: Matthew Mataraso, Esq.  
David L. Evans, CPA

  
Joseph A. Reilly  
Executive Director



**THE  
NEW YORK  
STATE  
BROADCASTERS  
ASSOCIATION, INC.**

115A GREAT OAKS BOULEVARD  
ALBANY, NEW YORK 12203-5954

**CERTIFIED**

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**MAIL**



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