



2520043380562

April 2, 2004

**VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

**Re: Nutramax Laboratories, Inc. (the "Employer")  
Employer Identification Number: 52-1590810**

Dear Sir or Madam:

Pursuant to 29 C.F.R. § 2520.104-23, the undersigned declares and affirms under the penalty of perjury that:

1. I am an officer of Nutramax Laboratories, Inc. (the "Employer") and am duly authorized to make this declaration on the Employer's behalf and under the penalty of perjury. I am over the age of 18, competent to testify, and have personal knowledge of the facts and matters set forth herein.
2. The Employer maintains a deferred compensation plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The number of such plans is one (1). The number of employees currently in such plans is one (1).
3. The name and address of the Employer is: Nutramax Laboratories, Inc., 2208 Lakeside Boulevard, Edgewood, Maryland 21040.
4. The Employer Identification Number ("EIN") of the Employer assigned by the Internal Revenue Service is: 52-1590810.
5. The Employer hereby agrees to provide plan documents, if any, to the Secretary of Labor or his or her designee upon request as required by § 104(a)(6) of the Employee Retirement Income Security Act of 1974.

Very truly yours,

Robert W. Henderson, President  
Nutramax Laboratories, Inc.

**FedEx. USA Airbill**  
Express

FedEx  
Tracking  
Number

8455 2534 9335

1 From This portion can be returned for Recipient's records.

Date 4/2/84 FedEx Tracking Number 845525349335

Sender's Name DONNA MARSTON Phone 800 925-5187

Company NUTRAMAX LABORATORIES

Address 2208 LAKESIDE BLVD

City EDGEWOOD State MD ZIP 21040-1102

2 Your Internal Billing Reference

To Recipient's Name Tot Hal Per Excellence Phone

Company Employee Benefits Security Admin.

Address PM, N-1513 U.S. DEPARTMENT OF LABOR  
Do NOT affix labels, use FedEx address.

Address 200 CONSTITUTION AVENUE NW

City WASHINGTON State DC ZIP 20210



8455 2534 9335

02697879331

L

Recipient's Copy

4a Express Package Service  
 FedEx Priority Overnight  FedEx Standard Overnight  FedEx First Overnight

4b Express Freight Service  
 FedEx 2Day  FedEx Express Saver  FedEx 1Day Freight\*  FedEx 2Day Freight  FedEx 3Day Freight

5 Packaging  
 FedEx Envelope\*  FedEx Pak\*  Other

6 Special Handling  
 SATURDAY Delivery  HOLD Mailbox  HOLD Location  Signature Required

7 Payment: Bill Me  Recipient  Third Party  Credit Card  Cash/Check

8 Release Signature  Signature Required  Signature Not Required

Total Packages  Total Weight  Total Charges  Credit Card Auth.

447

Your liability is limited to \$100 unless you declare a higher value. See the FedEx Service Guide for details.

By signing this airbill, you authorize us to deliver the item(s) without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

QUESTIONS? Write your comments on this airbill at FedEx.com  
© 1984 FedEx Corporation. All rights reserved. Printed in U.S.A.

1000

NO POUCH NEEDED.  
See back for peel and stick application instructions.

RECIPIENT: PEEL HERE