

2520043381491

July 23, 2004

Top Hat Plan Exemption
Employee Benefits Security Administration
f/k/a Pension and Welfare Benefits Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210-0002

Dear Sir or Madam:

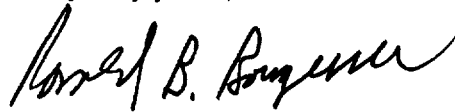
Oakland Livingston Human Service Agency hereby supplies the following information pursuant to Department of Labor Regulation §2520.104-23:

- A. Name and Address of Employer:
Oakland Livingston Human Service Agency
196 Cesar E. Chavez Avenue
PO Box 430598
Pontiac, MI 48343-0598
- B. Employer Identification Number: 38-1785665
- C. Oakland Livingston Human Service Agency maintains the Oakland Livingston Human Service Agency Key Employee Benefit Plan for a select group of management or highly compensated employees. At this time 24 employees participate in the Plan.

It is our understanding that this letter fulfills our notification obligations under the Employee Retirement Income Security Act of 1974 in lieu of an annual filing requirement.

Please feel free to contact me at (248) 209-2600 between the hours of 9:00 a.m. and 5:00 p.m. EST if you have any questions.

Very truly yours,



Ronald B. Borngesser

Fin/NMh/1004



Oakland Livingston Human Service Agency
A Community Action Agency

196 Oakland Avenue
P.O. Box 430598
Pontiac, Michigan
48343-0598

CERTIFIED MAIL



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NON PROFIT
ORGANIZATION



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0004342531 AUG 03 2004
\$ 04.42⁰⁰
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TOP HAT PLAN EXEMPTION
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
f/k/a PENSION AND WELFARE BENEFITS ADMINISTRATION
ROOM N-1513
US DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE NW
WASHINGTON DC 20210-0002

**RETURN RECEIPT
REQUESTED**

20210+0002

