

2520043384808



**NOTICE TO DEPARTMENT OF LABOR**

December 23, 1992

Pension and Welfare Benefits Administration  
P.O. Box 75212  
Washington, D.C. 20013-5212

Subject: Notice of Plan(s) of Deferred Compensation

34222

Dear Sir or Madam:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:

Stark County Neurologists, Inc.  
P.O. Box 35006  
Canton, OH 44735

2. Federal Employer Identification No. (EIN):

34-1257807

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

4. Five (5) employees are covered by such plan.

Very truly yours,

Stark County Neurologists, Inc.  
By: V. Rosenberg, MD

311222

**STARK COUNTY NEUROLOGISTS, INC.**

006741

OUR REF. NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
	attatched	12/31/92	1000.00	1000.00	0.00	1000.00

12/31/92 CANTON, OH. 447

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