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Date October 1, 2002

Office of Employee Benefits Security  
Labor Management Service Administration  
U.S. Department of Labor  
Washington, D.C. 20216

Re: Notice of Plan of Deferred Compensation

Gentlemen:

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

1. Name and Address of Employer:  
  
Pembina County Memorial Hospital  
P.O. Box 380  
Cavalier, ND 58220
2. Federal Employer Identification No. (EIN):  
  
45-6013474
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. One employee is covered by such plan.

Very truly yours,

PEMBINA COUNTY MEMORIAL  
HOSPITAL

By: 



Northwestern Mutual  
FINANCIAL NETWORK™

Michael A. Mathias, CLU  
2701 12th Ave SW Ste 2  
PO Box 9378  
Fargo, ND 58106



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SPD

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