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U.S. DEPARTMENT OF LABOR
PENSION AND WELFARE BENEFITS ADMINISTRATION
02 FEB 14 PM 12:10

November 2, 2001

Pension and Welfare Benefits Administration
Room N-5644, U.S. Department of Labor
202 Constitution Avenue NW
Washington, D.C. 20210

To Whom It May Concern:

The following information is provided as required by DOL Regulation §2520.104-23 (b)(1):

1. Employer Name Anesthesia Associates of Topeka, P.A.
Employer Address Medical Park West Building
823 Mulvane, Suite 2A
Topeka, KS 66606
2. Employer Identification Number 48-0764253
3. We declare that we maintain a plan primarily for the purpose of providing deferred compensation for a select group of management or highly-compensated employees.
4. We have one plan and the plan covers one employee.

Sincerely,


Name (Deepak S. Parulkar)

Treasurer
Title

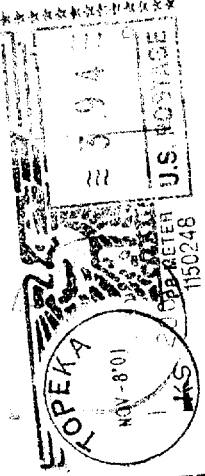
11-5-01
Date

ANESTHESIA ASSOCIATES
OF TOPEKA, P.A.
829 MULVANE, SUITE 2A
TOPEKA, KANSAS 66606

CELFILIED MAIL



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WASHINGTON DC 20210

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