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**Department of Labor Reporting and Disclosure
Requirements for Unfunded Deferred Compensation
Plan Benefitting A Select Group of Employees**

Top Hat Plan Exemption
Pension and Welfare Benefits Exemption
Room N-5644
U.S. Department of Labor
200 Constitution Avenue
Washington, DC 21210

Gentlemen:

In compliance with Department of Labor Regulation 2520.104-23, we are filing the following disclosure statement regarding the unfunded compensation plan maintained by Dental Arts, S.C., a corporation organized under the laws of the State of Wisconsin ("the Corporation"), for the benefit of a certain key employee:

Employer Name: Dental Arts, S.C.
Employer Address: 341 North Keller Avenue
Amery, WI 54001

Employer Identification Number: 39-1169537

Under Penalties of perjury, I declare that the Corporation named herein maintains one unfunded plan for the benefit of one employee. The primary purpose of this plan is to provide deferred compensation for the employee.

A copy of this plan is available upon request.


Robert A. Johansen, President