

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
FRIENDLY HOUSE, INC.

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

05 OCT 18 PM 2:22
U.S. DEPT OF LABOR
Employee Benefits Security Administration

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan[s] identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by [this Plan] [these Plans] are paid as needed solely from the general assets of that Employer.

Employer's Name: Friendly House, Inc.

Employer's Address: 802 South First Ave.
Phoenix, AZ 85030

Employer Identification Number: 86-0120506

457(b) ELIGIBLE DEFERRED COMP PLAN
[Name of Plan], which covers 2 Participants.

[Name of Plan], which covers _____ Participants.

Total Number of Plans: 1

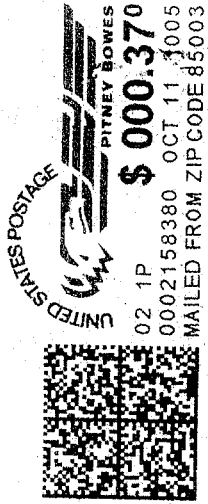
[Name of Employer or Other Plan Administrator]
Plan Administrator of the Plans Specified Above

By: [Signature]

Date: September 14 2005



802 South First Avenue
P.O. Box 3695
Phoenix, Arizona 85030



TOP HAT PLAN EXEMPTION
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
ROOM N-5644
US DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE NW
WASHINGTON, DC 20210