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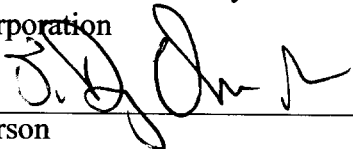
**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

- 1. The name of the Employer is: Federation of State Boards of Physical Therapy
- 2. The mailing address of the Employer is: 509 Wythe Street
Alexandria, VA 22314
- 3. The Employer Identification Number is: 63-0946217
- 4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- 5. Number of Plans and Eligible Employees in each Plan:
One Plan covering 1 Eligible Employees.
- 6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Federation of State Boards of Physical Therapy
A Virginia Corporation

By: 
Authorized Person

Dated: 12/5/05

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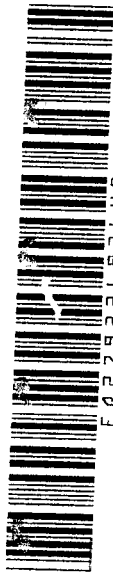
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