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**Top Hat Plan Statement
To be Filed with the Department of Labor**

This Top Hat Plan Statement has been provided as a sample only, and must be reviewed and completed by the Sponsor and the Sponsor's legal counsel prior to filing with the Secretary of Labor.

Statement Required Under Department Of Labor Regulations Section 2520.104-23

The Employer named below maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Employer:
AIDS SERVICES OF NORTH TEXAS

Address of Employer:
4210 MESA DRIVE, DENTON, TX 76207

Employer's Employer Identification Number (EIN):
75-2252866

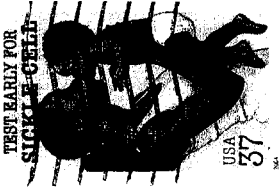
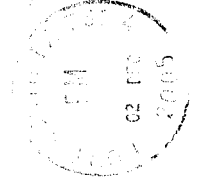
Number of such plans:
1

Number of employees in each plan:
1

This Statement must be filed within 120 days after the plan becomes subject to Title I, Part 1 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Employer may be required to provide plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

Mail the completed Statement to the Secretary of Labor at:
Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

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ED, ASANT
4210 MESA DRIVE
DENTON, TX 76207



TOP HAT PLAN EXEMPTION
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
ROOM N-5644
U.S. DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE, N.W.
WASHINGTON, D.C. 20210

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