



2520061570495

VA Branch ■ 9900 Veterans Drive SW ■ Tacoma, WA 98493 ■ 253-584-0079 ■ 800-244-0874

March 24, 2006

06 APR 19 AM 10:15

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

Re: American Lake Credit Union
Supplemental Retirement Benefit Agreement (the "Plan")

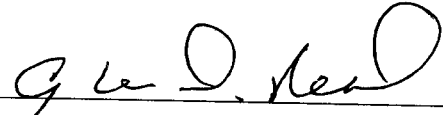
In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974, as amended, for unfunded pension plans maintained by an employer for a select group of management or highly compensated employees, specified in Department of Labor Regulations Section 2520.104-23, the following information for the above-referenced Plan is provided by the undersigned Plan administrator:

1. The name of the Employer is: American Lake Credit Union
2. The mailing address of the Employer is: 9900 Veterans Drive SW.
Tacoma WA 98493
3. The Employer Identification Number is: **91-0564948**
4. The above named Employer maintains the Plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. The Plan is the only plan of this type maintained by the Employer. As of the effective date of the Plan, there was one (1) participant in the Plan. The number of participants may change from time to time.
6. The Employer will provide a copy of the Plan documents to the office of the Employee Benefits Security Administration upon request.

Top Hat Exemption
Employee Benefits Security Administration
[Date]
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We would appreciate your stamping and returning to our office the enclosed copy of this letter in order to indicate receipt of this letter by the Department of Labor.

American Lake Credit Union

By: 
Title: Board member

cc: Ms. Debbie Hilton

CERTIFIED MAIL™



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VA Branch
VAMC American Lake
Tacoma, WA 98493



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