



Your Essential
Connection

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June 16, 2006

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

Dear Sir or Madam:

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: American Industrial Hygiene Association
2. The mailing address of the Employer is: 2700 Prosperity Ave., Suite 250
Fairfax, VA 22031
3. The Employer Identification Number is: n/a **38-1618683**
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 Employee
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

American Industrial Hygiene Association,
a Virginia corporation

By: _____


Steven H. Davis, Executive Director

Dated: 6/16/06

AIHA

Your Essential Connection:
Advancing Occupational and Environmental Health
and Safety Globally

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The Essential Source

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