

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR A
NONQUALIFIED DEFERRED COMPENSATION PLAN

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

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 I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management of highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: Wyman Center, Inc.
Employer's Address: 600 Kiwanis Drive, Eureka, MO 63025
Employer Identification Number: 43-0653263

457(b) Eligible Deferred Compensation Plan, which covers 2 Participants.

Total Number of Plans: 1

Wyman Center, Inc.
Plan Administrator of the Plan Specified Above

By: *[Signature]*

Date: December 12, 2005.

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U.S. DEPT OF LABOR
EMPLOYEE BENEFITS SECURITY ADMINISTRATION