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**NEW YORK STATE ECONOMIC DEVELOPMENT COUNCIL**

December 18, 2006

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

**To Whom It May Concern:**

The undersigned declares that the employer described below maintains the following plan(s) primarily or the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Re. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

**Employer:**

**Employer Name:** New York State Economic Development Council  
**Address:** 19 Dove Street, Suite 101  
Albany, New York 12210  
**EIN#:** 16-6064598

**Name of Plan:** NEW YORK STATE ECONOMIC DEVELOPMENT COUNCIL

**Number of Plan(s):** 1

**Number of Employees in Plan(s):** 1

Sincerely,

**Plan Administrator**

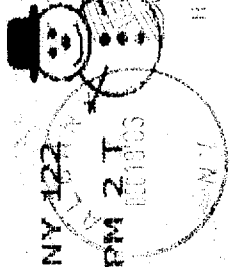
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HAPPY HOLIDAYS

POSTAGE WILL BE PAID BY ADDRESSEE

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Washington, DC 20210

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