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**SPECIMEN DOCUMENT
ALTERNATE ERISA SECRETARY OF LABOR STATEMENT
FOR REPORTING AND DISCLOSURE**

P1 Group TO:

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5638
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

16210 W. 108th Street
Lenexa, Kansas 66219

Phone
913.529.5000

Fax
913.529.5020

Web
www.p-1group.com

FROM:

Employer: P1 Group

Employer Identification Number: 43-1801918

Address: 16210 W 108th St.
Lenexa, KS 66219

09/30, 2006

07 FEB 21 PM 12:31

RE: Alternative Method of Compliance for Nonqualified Deferred Compensation Plans for Selected Employees

1. This document constitutes the statement required by 29 C.F.R., 2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to Nonqualified Deferred Compensation plans maintained by the above employer.
2. The employer currently maintains 1 Nonqualified Deferred Compensation plan(s) for employees who are members of a select group of management or who are highly compensated.
3. The number of participants in each plan is as follows:

Plan 1 has 5 employees

Administrator: Mike Belcher

Title: President

Employer: P1 Group

SUMMARY PLAN DESCRIPTION FOR DEFERRED COMPENSATION PLAN

The Employee Retirement Income Security Act of 1974 (ERISA) imposes certain requirements upon Administrators of Employee Welfare Benefit Plans. One of these requirements is that the Administrator provide you with a clear summary of the terms and benefits of the plan. The following description is designed to satisfy this requirement. If you should have any questions or anything is unclear to you, the Plan Administrator will be happy to assist you.

NAME OF PLAN: P1 Group Nonqualified Deferred Compensation

EMPLOYER: P1 Group
16210 W 108th St.
Lenexa, KS 66219

EMPLOYER IDENTIFICATION NO: 43-1801918

PLAN IDENTIFICATION NO: 43-1801918-501

TYPE OF PLAN: Life Insurance

TYPE OF ADMINISTRATION: Employer/Insurance Contract

END OF PLAN YEAR: 09/30/2007

PLAN ADMINISTRATOR: Mike Belcher

ADMINISTRATOR'S ADDRESS: 16210 W 108th St.
Lenexa, KS 66219

ADMINISTRATOR'S TELEPHONE: 913-529-5200

AGENT FOR SERVICE OF PROCESS: Greg Harvey

AGENT'S ADDRESS: 10740 Nall Ste 100, Leawood KS 66211

In addition to the designated agent for service of process, service of process may also be made upon the Plan Administrator indicated above.

Eligibility for Participation. Eligibility for participation in this Deferred Compensation Plan is limited to those employees individually chosen by the Employer in recognition of their contributions to the success of the Employer. There are no other conditions or limitations upon eligibility for participation.

Benefits. Benefits are payable if the insured dies while this plan is in force. Benefits are equal to \$30,000 for 10 years and are payable to Gary Danciger's named beneficiary on file with the plan administrator.

Funding Medium: All benefits shall be paid as needed from the general assets of the Employer. At the Employer's discretion, it may purchase a life insurance policy from Massachusetts Mutual Life Insurance Company on Gary Danciger to assure itself of the funds to meet its obligations under this plan. However, the Employer is under absolutely no obligation to purchase or carry any insurance.

Loss of Benefits. No benefits shall be payable if Gary Danciger dies after this plan has terminated. This plan shall terminate with respect to a participant upon his termination of employment or upon notice by the Employer. Further, no benefits shall be payable if a life insurance policy is purchased on Gary Danciger and Massachusetts Mutual Life Insurance Company denies payment for any of the reasons specified in the insurance policy.

Source and Calculation of Plan Contributions: All contributions to this plan shall be made by the Employer.

Claims Procedure. Upon the death of the Employee while this plan is in effect, the Beneficiary shall file a claim for benefits by notifying the Plan Administrator in writing. If the claim is wholly or partially denied, the Plan Administrator will provide a written notice within 60 days specifying the reason for the denial and the plan provisions on which the denial is based. Also, this written notice will indicate additional material or information necessary for the Beneficiary to receive benefits, if any.

If a claim is denied and the beneficiary wishes to have the denial reviewed, she shall notify the Secretary of P1 in writing within 60 days after receipt of written notice of a denial of claim. In requesting a review, the Beneficiary may submit any written issues and comments she feels are appropriate. The P1 group Secretary shall then review the claim and notify the Beneficiary in writing of a decision within 30 days of receipt of a request for review. This decision shall state the specific reasons for the decision and shall include references to specific provisions on which the decision is based. If special circumstances require that the 30 day time period be extended, the P1 group Secretary will so notify the Beneficiary and will tender the decision as soon as possible, but no later than 60 days after receipt of the request for review.

Rights Statement. As a participant in this plan you are entitled to certain rights and protections under ERISA. ERISA provides that you are entitled to examine without charge, at the Plan Administrator's office, all plan documents, including insurance contracts. Also, a participant is entitled to obtain copies of all plan documents and other plan information upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Deferred Compensation Plan. The people who operate the plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and any other plan participants and beneficiaries. No one, including your employer, a union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining the benefits of this plan or exercising your rights under ERISA.

If your claim for benefits under the plan is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the written explanation of the reason for the denial. You have the right to have the plan reviewed and your claim reconsidered.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you a specified amount per day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court.

If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay the court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim frivolous.

If you have any questions about your plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest Area Office of the U.S. Labor-Management Services Administration, Department of Labor.

SUMMARY PLAN DESCRIPTION FOR DEFERRED COMPENSATION PLAN

The Employee Retirement Income Security Act of 1974 (ERISA) imposes certain requirements upon Administrators of Employee Welfare Benefit Plans. One of these requirements is that the Administrator provide you with a clear summary of the terms and benefits of the plan. The following description is designed to satisfy this requirement. If you should have any questions or anything is unclear to you, the Plan Administrator will be happy to assist you.

NAME OF PLAN: P1 Group Nonqualified Deferred Compensation

EMPLOYER: P1 Group
16210 W 108th St.
Lenexa, KS 66219

EMPLOYER IDENTIFICATION NO: 43-1801918

PLAN IDENTIFICATION NO: 43-1801918-505

TYPE OF PLAN: Life Insurance

TYPE OF ADMINISTRATION: Employer/Insurance Contract

END OF PLAN YEAR: 09/30/2007

PLAN ADMINISTRATOR: Mike Belcher

ADMINISTRATOR'S ADDRESS: 16210 W 108th St.
Lenexa, KS 66219

ADMINISTRATOR'S TELEPHONE: 913-529-5200

AGENT FOR SERVICE OF PROCESS: Greg Harvey

AGENT'S ADDRESS: 10740 Nall Ste 100, Leawood KS 66211

In addition to the designated agent for service of process, service of process may also be made upon the Plan Administrator indicated above.

Eligibility for Participation. Eligibility for participation in this Deferred Compensation Plan is limited to those employees individually chosen by the Employer in recognition of their contributions to the success of the Employer. There are no other conditions or limitations upon eligibility for participation.

Benefits. Benefits are payable if the insured dies while this plan is in force. Benefits are equal to \$39,900 for 10 years and are payable to Aaron Whited's named beneficiary on file with the plan administrator.

Funding Medium: All benefits shall be paid as needed from the general assets of the Employer. At the Employer's discretion, it may purchase a life insurance policy from Massachusetts Mutual Life Insurance Company on Aaron Whited to assure itself of the funds to meet its obligations under this plan. However, the Employer is under absolutely no obligation to purchase or carry any insurance.

Loss of Benefits. No benefits shall be payable if Aaron Whited dies after this plan has terminated. This plan shall terminate with respect to a participant upon his termination of employment or upon notice by the Employer. Further, no benefits shall be payable if a life insurance policy is purchased on Aaron Whited and Massachusetts Mutual Life Insurance Company denies payment for any of the reasons specified in the insurance policy.

Source and Calculation of Plan Contributions: All contributions to this plan shall be made by the Employer.

Claims Procedure. Upon the death of the Employee while this plan is in effect, the Beneficiary shall file a claim for benefits by notifying the Plan Administrator in writing. If the claim is wholly or partially denied, the Plan Administrator will provide a written notice within 60 days specifying the reason for the denial and the plan provisions on which the denial is based. Also, this written notice will indicate additional material or information necessary for the Beneficiary to receive benefits, if any.

If a claim is denied and the beneficiary wishes to have the denial reviewed, she shall notify the Secretary of P1 in writing within 60 days after receipt of written notice of a denial of claim. In requesting a review, the Beneficiary may submit any written issues and comments she feels are appropriate. The P1 group Secretary shall then review the claim and notify the Beneficiary in writing of a decision within 30 days of receipt of a request for review. This decision shall state the specific reasons for the decision and shall include references to specific provisions on which the decision is based. If special circumstances require that the 30 day time period be extended, the P1 group Secretary will so notify the Beneficiary and will tender the decision as soon as possible, but no later than 60 days after receipt of the request for review.

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In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Deferred Compensation Plan. The people who operate the plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and any other plan participants and beneficiaries. No one, including your employer, a union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining the benefits of this plan or exercising your rights under ERISA.

If your claim for benefits under the plan is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the written explanation of the reason for the denial. You have the right to have the plan reviewed and your claim reconsidered.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you a specified amount per day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court.

If it should happen that plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay the court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim frivolous.

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NAME OF PLAN: P1 Group Nonqualified Deferred Compensation

EMPLOYER: P1 Group
16210 W 108th St.
Lenexa, KS 66219

EMPLOYER IDENTIFICATION NO: 43-1801918

PLAN IDENTIFICATION NO: 43-1801918-504

TYPE OF PLAN: Life Insurance

TYPE OF ADMINISTRATION: Employer/Insurance Contract

END OF PLAN YEAR: 09/30/2007

PLAN ADMINISTRATOR: Mike Belcher

ADMINISTRATOR'S ADDRESS: 16210 W 108th St.
Lenexa, KS 66219

ADMINISTRATOR'S TELEPHONE: 913-529-5200

AGENT FOR SERVICE OF PROCESS: Greg Harvey

AGENT'S ADDRESS: 10740 Nall Ste 100, Leawood KS 66211

In addition to the designated agent for service of process, service of process may also be made upon the Plan Administrator indicated above.

Eligibility for Participation. Eligibility for participation in this Deferred Compensation Plan is limited to those employees individually chosen by the Employer in recognition of their contributions to the success of the Employer. There are no other conditions or limitations upon eligibility for participation.

Benefits. Benefits are payable if the insured dies while this plan is in force. Benefits are equal to \$54,700 for 10 years and are payable to Phillip Nehring's named beneficiary on file with the plan administrator.

Funding Medium: All benefits shall be paid as needed from the general assets of the Employer. At the Employer's discretion, it may purchase a life insurance policy from Massachusetts Mutual Life Insurance Company on Phillip Nehring to assure itself of the funds to meet its obligations under this plan. However, the Employer is under absolutely no obligation to purchase or carry any insurance.

Loss of Benefits. No benefits shall be payable if Phillip Nehring dies after this plan has terminated. This plan shall terminate with respect to a participant upon his termination of employment or upon notice by the Employer. Further, no benefits shall be payable if a life insurance policy is purchased on Phillip Nehring and Massachusetts Mutual Life Insurance Company denies payment for any of the reasons specified in the insurance policy.

Source and Calculation of Plan Contributions: All contributions to this plan shall be made by the Employer.

Claims Procedure. Upon the death of the Employee while this plan is in effect, the Beneficiary shall file a claim for benefits by notifying the Plan Administrator in writing. If the claim is wholly or partially denied, the Plan Administrator will provide a written notice within 60 days specifying the reason for the denial and the plan provisions on which the denial is based. Also, this written notice will indicate additional material or information necessary for the Beneficiary to receive benefits, if any.

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In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Deferred Compensation Plan. The people who operate the plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and any other plan participants and beneficiaries. No one, including your employer, a union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining the benefits of this plan or exercising your rights under ERISA.

If your claim for benefits under the plan is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the written explanation of the reason for the denial. You have the right to have the plan reviewed and your claim reconsidered.

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If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay the court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim frivolous.

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NAME OF PLAN: P1 Group Nonqualified Deferred Compensation

EMPLOYER: P1 Group
16210 W 108th St.
Lenexa, KS 66219

EMPLOYER IDENTIFICATION NO: 43-1801918

PLAN IDENTIFICATION NO: 43-1801918-503

TYPE OF PLAN: Life Insurance

TYPE OF ADMINISTRATION: Employer/Insurance Contract

END OF PLAN YEAR: 09/30/2007

PLAN ADMINISTRATOR: Mike Belcher

ADMINISTRATOR'S ADDRESS: 16210 W 108th St.
Lenexa, KS 66219

ADMINISTRATOR'S TELEPHONE: 913-529-5200

AGENT FOR SERVICE OF PROCESS: Greg Harvey

AGENT'S ADDRESS: 10740 Nall Ste 100, Leawood KS 66211

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Eligibility for Participation. Eligibility for participation in this Deferred Compensation Plan is limited to those employees individually chosen by the Employer in recognition of their contributions to the success of the Employer. There are no other conditions or limitations upon eligibility for participation.

Benefits. Benefits are payable if the insured dies while this plan is in force. Benefits are equal to \$38,000 for 10 years and are payable to Peter McCall's named beneficiary on file with the plan administrator.

Funding Medium: All benefits shall be paid as needed from the general assets of the Employer. At the Employer's discretion, it may purchase a life insurance policy from Massachusetts Mutual Life Insurance Company on Peter McCall to assure itself of the funds to meet its obligations under this plan. However, the Employer is under absolutely no obligation to purchase or carry any insurance.

Loss of Benefits. No benefits shall be payable if Peter McCall dies after this plan has terminated. This plan shall terminate with respect to a participant upon his termination of employment or upon notice by the Employer. Further, no benefits shall be payable if a life insurance policy is purchased on Peter McCall and Massachusetts Mutual Life Insurance Company denies payment for any of the reasons specified in the insurance policy.

Source and Calculation of Plan Contributions: All contributions to this plan shall be made by the Employer.

Claims Procedure. Upon the death of the Employee while this plan is in effect, the Beneficiary shall file a claim for benefits by notifying the Plan Administrator in writing. If the claim is wholly or partially denied, the Plan Administrator will provide a written notice within 60 days specifying the reason for the denial and the plan provisions on which the denial is based. Also, this written notice will indicate additional material or information necessary for the Beneficiary to receive benefits, if any.

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In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Deferred Compensation Plan. The people who operate the plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and any other plan participants and beneficiaries. No one, including your employer, a union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining the benefits of this plan or exercising your rights under ERISA.

If your claim for benefits under the plan is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the written explanation of the reason for the denial. You have the right to have the plan reviewed and your claim reconsidered.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you a specified amount per day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court.

If it should happen that plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay the court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim frivolous.

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EMPLOYER: P1 Group
16210 W 108th St.
Lenexa, KS 66219

EMPLOYER IDENTIFICATION NO: 43-1801918

PLAN IDENTIFICATION NO: 43-1801918-502

TYPE OF PLAN: Life Insurance

TYPE OF ADMINISTRATION: Employer/Insurance Contract

END OF PLAN YEAR: 09/30/2007

PLAN ADMINISTRATOR: Mike Belcher

ADMINISTRATOR'S ADDRESS: 16210 W 108th St.
Lenexa, KS 66219

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AGENT FOR SERVICE OF PROCESS: Greg Harvey

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Eligibility for Participation. Eligibility for participation in this Deferred Compensation Plan is limited to those employees individually chosen by the Employer in recognition of their contributions to the success of the Employer. There are no other conditions or limitations upon eligibility for participation.

Benefits. Benefits are payable if the insured dies while this plan is in force. Benefits are equal to \$34,100 for 10 years and are payable to Marvin Loecker's named beneficiary on file with the plan administrator.

Funding Medium: All benefits shall be paid as needed from the general assets of the Employer. At the Employer's discretion, it may purchase a life insurance policy from Massachusetts Mutual Life Insurance Company on Marvin Loecker's Life to assure itself of the funds to meet its obligations under this plan. However, the Employer is under absolutely no obligation to purchase or carry any insurance.

Loss of Benefits. No benefits shall be payable if Marvin Loecker dies after this plan has terminated. This plan shall terminate with respect to a participant upon his termination of employment or upon notice by the Employer. Further, no benefits shall be payable if a life insurance policy is purchased on Marvin Loecker and Massachusetts Mutual Life Insurance Company denies payment for any of the reasons specified in the insurance policy.

Source and Calculation of Plan Contributions: All contributions to this plan shall be made by the Employer.

Claims Procedure. Upon the death of the Employee while this plan is in effect, the Beneficiary shall file a claim for benefits by notifying the Plan Administrator in writing. If the claim is wholly or partially denied, the Plan Administrator will provide a written notice within 60 days specifying the reason for the denial and the plan provisions on which the denial is based. Also, this written notice will indicate additional material or information necessary for the Beneficiary to receive benefits, if any.

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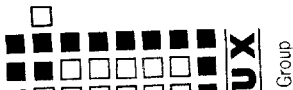
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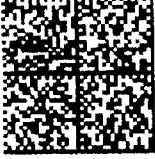
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ADJ-HUX Service, Inc.

16210 W. 108th Street • Lenexa, Kansas 66219



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0004349064 FEB 12 2007
MAILED FROM ZIP CODE 66219
\$ 01.11⁰

*Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5638
U.S. Dept. of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210*