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To: Pension and Welfare Benefits Administration
U.S. Department of Labor
Washington, D.C. 20216

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. ~2520.104-23, the following information is provided by the undersigned plan administrator:

(1) The name of the employer is: St. Peter Family Dental Center, PA

(2) The mailing address of the employer is:

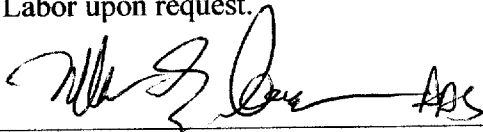
402 Sunrise Drive
St. Peter, MN 56082

(3) The employer's federal identification number (EIN) is: 41-1506318

(4) The number of plans and the number of participants in each plan is:

- One plan covering – three employees (detailed as follows where there is more than one plan)

The above named employer maintains this plan primarily for the purpose of providing deferred compensation in the form of salary continuation benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.



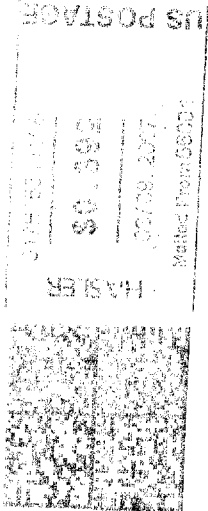
By:

2-27-07

Dated:



1911 Excel Drive
Mankato, MN 56001



PENSION & WELFARE BENEFITS ADMINISTRATION
U.S. DEPARTMENT OF LABOR
WASHINGTON, DC 20276

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