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TOP HAT STATEMENT

07 JUN 14 PM 1:09

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

FROM: Employer: Winston County Medical Foundation

Address: P. O. Box 967

Louisville, MS 39339

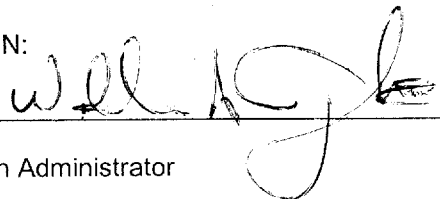
EIN# 64-6010402

DATE: July 1, 2007

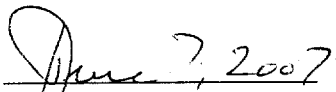
RE: Top Hat Plan Declaration by Plan Administrator

Executive Committee, Winston County Medical Foundation, being the plan administrator for the Winston County Medical Foundation 457(b) Deferred Compensation Plan (plan), does hereby declare that the Plan is maintained primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. In addition, Winston County Medical Foundation, the employer, maintains only one (1) plan described in Department of Labor Regulations Section 2520.104-23(d). Furthermore, one (1) employee will be covered under the Plan. All plan documents will be available to the Secretary of Labor upon request. This declaration is being filed within 120 days following the plan's adoption.

SIGN:



Plan Administrator



Date

WVHC
Winston Medical Center
P.O. BOX 967
LOUISVILLE, MS 39339



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