

## Nonqualified Deferred Compensation Prototype Plan

TOP-HAT PLAN EXEMPTION STATEMENT<sup>1</sup>

U.S. Department of Labor  
Employee Benefits Security Administration  
Top-Hat Plan Exemption  
200 Constitution Ave., NW, N-1513  
Washington, D.C. 20210

Employer Name: Liberty Healthcare Management, Inc

Address: 2334 South 41st Street, Wilmington, NC 28403

Employer EIN: 56-2116528

The Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans: One (1)

Number of Employees in Plan(s): Eight (8)

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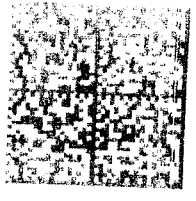
<sup>1</sup> To avoid an annual return (Form 5500) filing requirement, the employer must submit this statement to the DOL no later than 120 days after the plan becomes subject to Part 1 of Title 1 of ERISA. DOL Reg. §2520.104-23(b). A plan generally becomes subject to Part 1 of the Title 1 of ERISA on the later of the date of adoption or the effective date of the plan. See DOL Reg. §2520.104b-2(a)(3). Only one statement is required per employer maintaining the plan or plans.

Human Resources  
**Liberty Healthcare**  
2334 S. 41st Street  
Wilmington, NC 28403

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**RETURN RECEIPT  
REQUESTED**

