

Anesthesiology, P.A.

14700 28th Avenue North, Suite 20
Plymouth, MN 55447
Phone (763)559-3779, Fax (763)
December 15, 2007

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

2520082042184

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

08 FEB -6 PM 1:54

Dear Sir or Madam:

The undersigned provides the following information to comply with the alternative method of reporting and disclosure for unfounded plans maintained for a select group of management or highly compensated employees pursuant to 29 C.F.R. § 2520.104-23, under Section 110 of Title I of ERISA.

1. Name and address of the Employer: Anesthesiology, P.A.
2. Employer Identification Number: 41-0949198
3. The above-named employer maintains one or more plans primarily designed to provide deferred compensation benefits for a select group of management or highly compensated employees.
4. Number of such plans and the number of employees who participate in each plan:

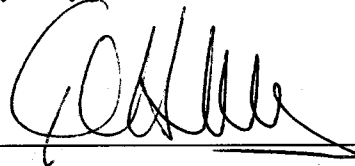
Number of Plans

Number of Employees in Each Plan

1

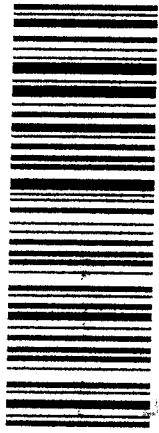
If you have any questions regarding this filing, please contact the undersigned.

Very truly yours,

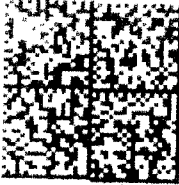


Telephone No.: 763-559-3779

CERTIFIED MAIL



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Washington
Welfare Benefits Administration

20538

Department of Labor
100 Constitution Avenue N.W.
Washington, DC 20210

