

February 1, 2008

09:17:11 AM 0:16

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW.
Washington, DC 20210

Dear Sir or Madame:

This statement is filed under DOL Regulations § 2520.104-23.

Employer: Sioux Center Community Hospital & Health Center

Address: 605 South Main Avenue
Sioux Center, IA 51250-1398

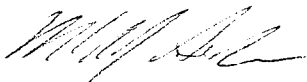
Employer ID 42-0796764
Number: _____

Effective January 1, 2008, the Employer adopted the following plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

Plan	Number of Participant
457(f) Plan	<u> 1 </u>

The Employer will provide plan documents to the Secretary of Labor on request.

Sincerely,



Michael Seda
Chief Executive Officer



605 South Main Avenue
Sioux Center, IA 51250-1398



U. S. POSTAGE
\$00.41

SIoux CENTER IA. 51250

|| APR 04 2008 00410 007644 ||
|| FP0593490 JMC01 0707D455 ||

Top Hat Plan Exemption
Pension & Welfare Benefits Administration
Room N-1513
U S Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

2021080000

