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Kama'āina Kids
Hawaii's Enrichment & Education Professionals

Department of Labor Notification Letter

TO: Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-1513 – Public Disclosure Room
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

FROM: Kama'aina Care Inc
Employer Identification Number: 99-0261935
156C Hamakua Drive
Kailua, HI 96734

3-3-2008 DATE

This document constitutes the statement required by 29 C. F. R. Sec. 2520 104-23 (a) (1) to be filed with the Secretary of Labor in respect to a Non-Qualified Deferred Compensation Plan maintained by the above employer.

The employer currently maintains ONE nonqualified Deferred Compensation Plan for employees who are members of a select group of management or who are highly compensated. There are currently **ONE** participant in the plan. A copy of the plan document will be furnished upon request.

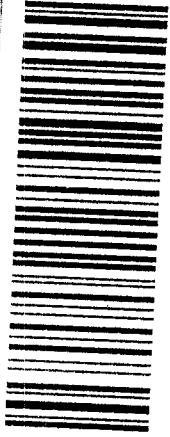
Respectfully submitted,



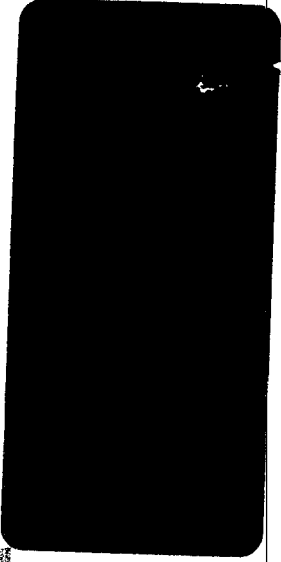
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Honolulu, Hawaii 96847



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TOP HAT PLAN EXEMPTION
PENSION AND WELFARE BENEFITS ADM'N
ROOM N-1513-PUBLIC DISCLOSURE ROOM
U.S. DEPT OF LABOR
200 CONSTITUTION AVE. NW
WASHINGTON DC 20210

**RETURN RECEIPT
REQUESTED**

FIRST CLASS MAIL

