

## SCOLARO, SHULMAN, COHEN, FETTER &amp; BURSTEIN, P.C.

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October 24, 2008

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BERNARD J. LAWLER  
 (1940-1998)

**Certified Mail Return Receipt Requested**  
**No. 7008 0150 0000 0266 8296**

Top Hat Plan Exemption  
 Pension and Welfare Benefits Administration  
 Room N-5644  
 U.S. Department of Labor  
 200 Constitution Avenue, N.W.  
 Washington, D.C. 20210

**RE: ALOYSIUS G. FREEMAN, M.D., P.C.**


Dear Sir/Madam:

Enclosed please find one original and one copy of the Top Hat Plan Exemption Letter for the above-referenced matter. Please file the original, and return a stamped copy to me in the enclosed self-addressed, postage paid envelope.

If you have any questions or comments, please do not hesitate to contact me.

Very truly yours,

SCOLARO, SHULMAN, COHEN, FETTER & BURSTEIN, P.C.

  
 Diane Brown  
 Paralegal

DEB/sls/423495.1/1612.1

Enclosures

cc: V. James Sinopoli, CPA

03/11/11 11:30

ALOYSIUS G. FREEMAN, M.D., P.C.  
3 Parkside Court  
Utica, New York 13501

**CERTIFIED MAIL -**  
**RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Gentlemen:

To comply with the alternative reporting and disclosure method provided under Labor Regulations §2520.104-23, this is to inform you of the adoption of a plan maintained primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

The name and address of the Employer maintaining the plan(s) is:

ALOYSIUS G. FREEMAN, M.D., P.C.  
3 Parkside Court  
Utica, New York 13501

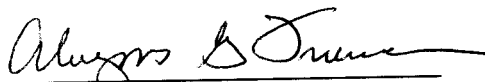
The Employer's EIN is: 16-1548411

The number of employees participating in the plan is:

<u>Plan Name</u>	<u>Number of Initial Participants</u>
Plan of Deferred Compensation for Qualified Employees	<u>3</u>

Very truly yours,

ALOYSIUS G. FREEMAN, M.D., P.C.

By:   
Aloysius G. Freeman, M.D., President

**CERTIFIED MAIL™**



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