

ES000710 AM 10:11

Top Hat Plan Exemption  
Pension & Welfare Benefits Administration  
Room N-5644  
United States Department of Labor  
200 Constitution Avenue, NW  
Washington, D.C. 20210

Re: Statement under DOL Reg. §2520.104-23

Dear Ladies/Gentlemen:

This is to declare the undersigned has established a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. This is the only such plan maintained by the undersigned and there are currently 40 employees participating in this plan.

The Employer Identification Number & address of the undersigned are as follows:

EIN: 42-1017512

Address: Upland Hills Health

800 Compassion Way

Dodgeville, WI 53533

Upon request, the undersigned will provide the plan document as required by Section 104(a) (1) of ERISA.

Sincerely,

Upland Hills Health

Print Employer Name

By:   
Signature

Title Director of Human Resources

Dated: September 15, 2008

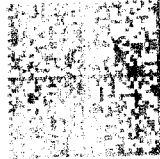
WHA

FINANCIAL Solutions

WHA Financial Solutions, Inc.

PO Box 259038, Madison, WI 53725-9038

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