

2520090770459

TOP HAT PLAN EXEMPTION DECLARATION

03/01/10 AM 8:41

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Pursuant to 29 CFR §2520.104-23, the undersigned administrator files the information below and declares that the employer named below maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

The name of the employer is:	Bellevue Hospital
The mailing address of the employer is:	PO Box 8004 Bellevue OH 44811 34-4428205
The employer's employer identification number is:	34-4428205
The number of such plans is:	1
The number of employees in each plan is:	5

The employer will provide plan documents, if any, to the Secretary upon request as required by section 104(a)(6) of the Act.

Bellevue Hospital

By: Authorized representative
Authorized Representative

First Class Mail



Bricker & Eckler
ATTORNEYS AT LAW
BRICKER & ECKLER LLP

100 South Third Street • Columbus Ohio 43215 - 4291

TO:

TOP HAT PLAN EXEMPTION
EMPLOYEE BENEFITS SECURITY ADM
ROOM N-1513
US DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE NW
WASHINGTON DC 20210



7000 1670 0002 8567 5666

PHILIP

905 1112