

2520090770536

TO: Office of Pension and Welfare Benefit Programs
Labor Management - Services Administration
U.S. Department of Labor
Washington, D.C. 20216

FROM: Employer: Chaska Dental Center, P.A.
Employer Identification Number: 41-1555000
Address: 2634 Shadow Lane
Suite 101
Chaska, Minnesota 55318-1120

03/03/08 01:51

January 1, 2008

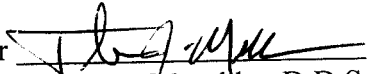
This document constitutes the statement required by 29 C.F.R. {2520.104-23(a)(1)} to be filed with the Secretary of Labor in respect to Pension Benefit Plans maintained by the above employer.

The employer currently maintains a deferred compensation plan for employees who are members of a select group of management or who are highly compensated.

The number of participants in the plan is two (2).

Signed

Plan Administrator

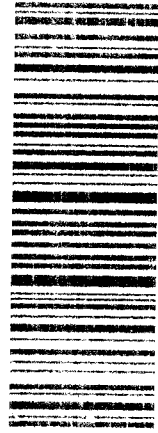

Thomas J. Meschke, D.D.S.

Title: President
of Chaska Dental Center, P.A.

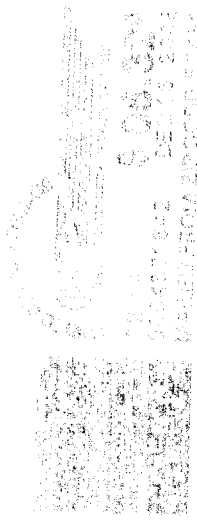
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**Larkin
Hoffman**



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