

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

09 JUN 15 11:09:21

FROM: Employer: Lonsdale Family Dental Clinic, Inc.  
Employer Identification Number: 41-1925381  
Address: P. O. Box 110  
Lonsdale, Minnesota 55046

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

  
J. Ross Hiner, D.D.S.

Title: President

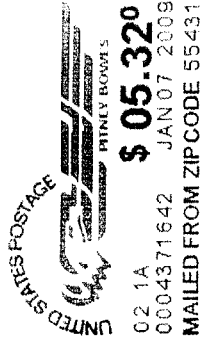
  
of Lonsdale Family Dental Clinic, Inc.

**CERTIFIED MAIL**

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Minneapolis, Minnesota 55431-1194

**Larkin  
Hoffman**  
ATTORNEYS



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