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January 27, 2009

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

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

Employer Name: Suburban Adult Services, Inc.
Address: 960 West Maple Court
Elma, New York 14059
EIN#: 16-1115992

Name of Plan: Suburban Adult Services, Inc. 457(b) Deferred Compensation Plan
Number of Plan(s): 1
Number of Employees in Plan(s): 1

Very truly yours,



Shawn E. Cunningham
Plan Administrator



960 West Maple Court
Elma, New York 14059

BUFFALO NY 14212

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