

Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans

PUBLIC DISCLOSURE

2009 JUN 29 AM 7:09

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

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Livingston HealthCare
2. The mailing address of the Employer is: 504 South 13th Street
Livingston, MT 59047
3. The Employer Identification Number is: 81-0378200
4. The above named Employer maintains a Plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan covering 30 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Livingston HealthCare
 A Montana Organization

By: Samuel G. Olska
 Authorized Person

Dated: June 15, 2009



Address Service Requested



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