

EBSA/PUBLIC DISCLOSURE

SPECIMEN DEPARTMENT OF LABOR NOTICE LETTER 7 AM 6:46
2009 JUL

[EXPLANATORY NOTE: IT IS THE EMPLOYER'S RESPONSIBILITY TO LIMIT PARTICIPATION IN THE PLAN TO A SELECT GROUP OF MANAGEMENT AND HIGHLY COMPENSATED EMPLOYEES AND TO FILE THIS LETTER WITH THE U.S. DEPARTMENT OF LABOR WITHIN 120 DAYS AFTER ESTABLISHING THE PLAN.]

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, N.W., Suite N-1513
Washington, D.C. 20210

The following employer hereby supplies the following information pursuant to Department of Labor Regulations Section 2520.104-23:

Name and Address of Employer:

Costa Brothers Masonry Inc.
2 Lambeth Park Drive
Fairhaven, MA 02719

Employer Identification Number: 04-3054314

The Employer identified above maintains the following plan(s) for a select group of management or highly compensated employees:

Costa Brothers Masonry Deferred Compensation Savings Plan

Number of Participants: 4

[Name of Plan] _____
Number of Participants: _____

[Name of Plan] _____
Number of Participants: _____

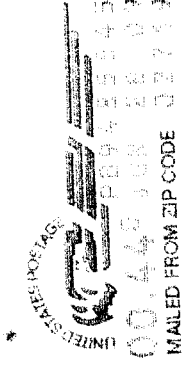
Very truly yours,
Costa Brothers Masonry Inc.

By Isaac G. Costa
Title Treasurer

Date: June 26, 2009

Costa Brothers Masonry
2 Lambeth Park Drive
Fairhaven, MA 02719

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