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2009 AUG 25 AM 6:57

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August 17, 2009

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VIA CERTIFIED MAIL NO. 7004 2890 0003 2743 2977
RETURN RECEIPT REQUESTED

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

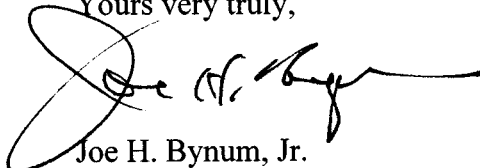
Re: **Employer Name: Northpoint Hospitality Group, Inc.**
Employer EIN: 58-2235479

Dear Sir or Madam:

I am enclosing a copy of a Top-Hat Exemption Statement for the above employer with respect to a deferred compensation plan last executed August 17, 2009. All correspondence, e-mails, or other communication should be "Confidential" and addressed solely to the attention of undersigned at the above address.

If you have questions please let me know.

Yours very truly,



Joe H. Bynum, Jr.

JHB/sjb

Enclosure: As Described.

TOP-HAT PLAN EXEMPTION STATEMENT¹

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

Employer Name: North Point Hospitality Group, Inc.

Address: 2500 Northwinds Parkway, Suite 175, Alpharetta GA 30004

Employer EIN: 58-2235479

The Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans: 1

Number of Employees in Plan(s): 1

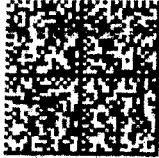
¹ To avoid an annual return (Form 5500) filing requirement, the employer must submit this statement to the DOL no later than 120 days after the plan becomes subject to Part 1 of Title 1 of ERISA. DOL Reg. §2520.104-23(b). A plan generally becomes subject to Part 1 of the Title 1 of ERISA on the later of the date of adoption or the effective date of the plan. See DOL Reg. §2520.104b-2(a)(3). Only one statement is required per employer maintaining the plan or plans.

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