

2520032065930

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Office of Employee Benefits Security
Labor-Management Services Administration
U.S. Department of Labor
Washington, D.C. 20216

Dear Sirs:

The following employer maintains an unfunded plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

Name of Employer: Maryland Orthopedics, P.A.

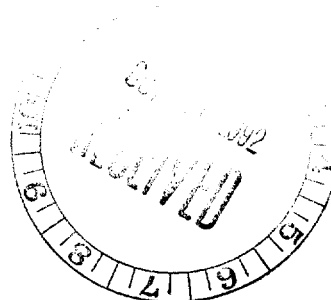
Address: 3570 St. John's Lane
Second Level
Ellicott City, Maryland 21043

EIN: 52-115199

only 8 digits (missing 1)

Number of Plans: Four (4)

Number of Employees in Each Plan: One (1)





Dear Sir/Madam;

We are in receipt of your statement filed with the Secretary of Labor registering your deferred compensation plan (under 29 CFR 2520.104-23) for the above company.

The following information was omitted in the initial filing. Please furnish the necessary information indicated so we may complete your file.

Employer Identification Number (EIN) (9 digits) 52-1151999

Address of participating company _____

Declaration (e.g., plan is for highly compensated employee(s))

Number of employees participating in the plan(s) _____

Number of plans _____

Other: _____

If the plan has terminated, please give the date of termination: ___/___/___

Please return this letter with the appropriate items completed within 30 days to:

Pension and Welfare Benefits Administration
U.S. Department of Labor
Frances Perkins Building, Room N-5644
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Sincerely

Files and Disclosure Program Manager
Office of Program Services