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July 1, 2010

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

RE: Connectivity Wireless Performance Share Plan

Dear Sir or Madam:

On behalf of the administrator of the above-named Plan, the undersigned submits this statement in compliance with ERISA Reg. § 2520.104-23(b).

1. Name and Address of the Employer:

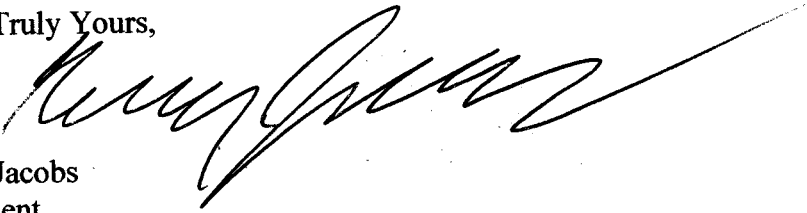
Connectivity Wireless, Inc  
3400 Corporate Way  
Suite G  
Duluth, GA 30096

2. Employer Identification Number: 26-2188150

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

4. The number of employees in the Plan: 3

Very Truly Yours,

  
Greg Jacobs  
President

USA FIRST CLASS FOREVER



NORTH MEMPHIS, TN

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**Connectivity:**  
Wireless Solutions

3400 Corporate Way, Suite G  
Duluth, GA 30096

Patricia J. Wilfong Benefits Admin.  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20210

