

ReedSmith

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January 10, 2013

**By Certified Mail
Return Receipt Requested**

Top Hat Plan Exemption
Room N-5644
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, DC 20210

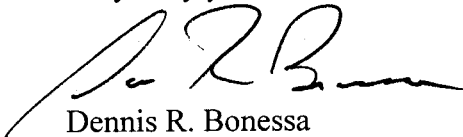
Dear Sir/Madam:

On behalf of Muscular Dystrophy Association, Inc. (the "Employer") and pursuant to Labor Regulation § 2520.104.23, this statement is provided to advise the Department of Labor of a newly-established unfunded plan of deferred compensation maintained by the Employer for the benefit of a single management and highly compensated employee of the Employer.

<u>Name and Address of Employer:</u>	Muscular Dystrophy Association, Inc. National Headquarters 3300 East Sunrise Drive Tucson, AZ 85718
<u>Employer's EIN:</u>	13-1665552
<u>Name of Deferred Compensation Plan:</u>	Muscular Dystrophy Association, Inc. Executive Deferred Compensation Plan
<u>Number of Top Hat Plans Employer Maintains:</u>	1
<u>Number of Employees Participating in the Plan:</u>	1

If you have any questions regarding this matter, please contact me.

Very truly yours,



Dennis R. Bonessa
DRB:dts

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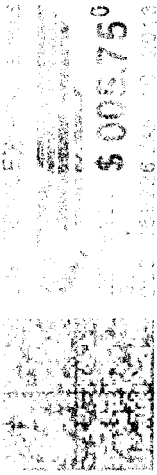
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