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**VIA CERTIFIED MAIL – (7012 2210 0002 4947 1886)  
RETURN RECEIPT REQUESTED**

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

Re: Notice of Plan of Deferred Compensation

Dear Sir or Madam:

This firm represents the Employer listed below. The undersigned hereby files on behalf of the Employer, the following information pursuant to DOL Reg. Sec. 2520.104-23:

1. Name and Address of Employer:

Southwestern Illinois Health Facilities, Inc.  
6800 SR 162  
Maryville IL 62062

2. Federal Employer Identification Number (EIN):

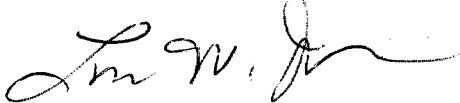
37-0662561

3. The Employer established the Southwestern Illinois Health Facilities, Inc. Section 457(f) Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

4. Participation in 2014 is not expected to exceed 1 executive. The number of participants may increase over time.

Very truly yours,

Thompson Coburn LLP



By

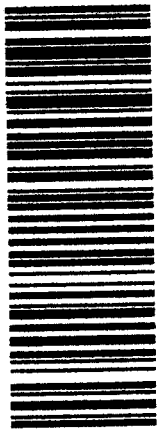
Lori W. Jones

cc: Mr. Keith Page

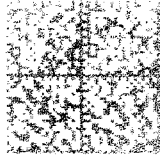


*J. Hooker*

**CERTIFIED MAIL**<sup>SM</sup>



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One US Bank Plaza | St. Louis, Missouri 63101

