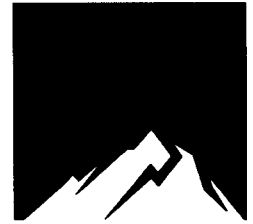


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Wall,
Smith,
Bateman Inc.

January 16, 2015

CERTIFIED MAIL NO. 91 7199 9991 7033 3155 8058
RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Employee Benefits Security Administration
U.S. Department of Labor
Room N-5644
200 Constitution Avenue, NW
Washington, D.C. 20210

Subject: "Top Hat" Plan

Dear Sir or Madam:

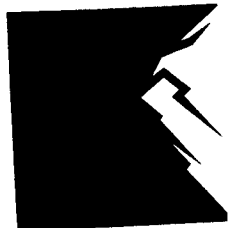
Pursuant to the provisions of Department of Labor Regulation Section 2520.104-23, you are hereby notified that on December 30, 2014, Wall, Smith, Bateman Inc. adopted the Wall, Smith, Bateman Inc. Deferred Compensation Plan (the "Plan"), an unfunded plan designed primarily for the purpose of providing deferred compensation to a select group of management and/or highly compensated employees. There are currently 6 employees covered by the Plan, as of December 31, 2014. Wall, Smith, Bateman Inc.'s Employer Identification Number is 84-0684388, and its mailing address is 700 Main Street, Suite 200, P.O. Box 809, Alamosa, CO 81101.

Should you desire any additional information, please contact the undersigned at 719-589-3619.

Karla Willschau, C.P.A.

Certified Public Accountants

700 Main Street, Suite 200 PO Box 809 Alamosa, CO 81101 | 719-589-3619 | f 719-589-5492 www.wsbcpa.com



Wall,
Smith,
Bateman Inc.

Certified Public Accountants
PO Box 809
Alamosa, CO 81101

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OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL



91 7199 9991 7033 3155 8058

TOP HAT PLAN EXEMPTION
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
U.S. DEPARTMENT OF LABOR
ROOM N-5644
200 CONSTITUTION AVENUE, NW
WASHINGTON, D.C.

20201

