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April 28, 2015

CERTIFIED MAIL NUMBER: 7012 3460 0000 2087 7661
RETURN RECEIPT REQUESTED

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

Re: Preferred Family Healthcare, Inc.
Employment Agreement for Michael T. Schwend

Dear Sir or Madam:

This letter will serve as the statement deemed to satisfy the reporting and disclosure provisions of Title I, Part 1 of the Employee Retirement Income Security Act of 1974, as provided for in Regulation §2520.104-23.

Name and Address of Employer: Preferred Family Healthcare, Inc.
900 East LaHarpe
Kirksville, MO 63501

EIN: 43-1236557

Name of Plan: Employment Agreement for Michael T. Schwend

Number of Plan Participants: 1

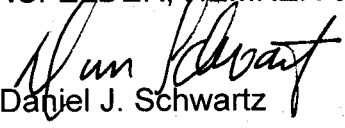
The primary purpose of this plan is to provide deferred compensation for a select group of highly compensated employees.

Copies of the plan document as required by Section 104(a) of the Act will be furnished upon request.

Very truly yours,

GREENSFELDER, HEMKER & GALE, P. C.

By:


Daniel J. Schwartz

GREENSFELDER
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