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June 15, 2015

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

USA/PUBLIC BUREAU  
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To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan:

**Employer:**

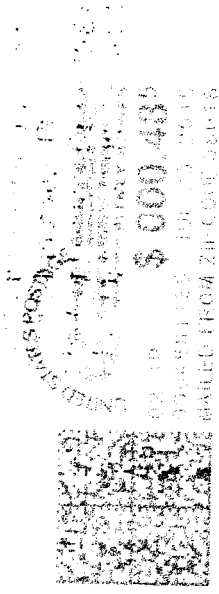
**Employer Name:** Child and Family Focus, Inc.  
**Address:** 920 Madison Avenue  
Audubon, Pennsylvania 19403  
**EIN#:** 23-3052759

**Name of Plan:** Child and Family Focus Deferred Compensation Plan  
**Number of Plans:** 1  
**Number of Employees in Plan:** 2

Very truly yours,

Plan Administrator

Continental Benefits Group, Inc.  
G.M. Morrison, PC  
95 Connecticut Drive, Suite C  
Burlington, NJ 08016-4180



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