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October 15, 2015

2520153070105

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue NW
Washington, D.C. 20210

FROM: Employer: Salina Regional Health Center
E.I.N.: 48-1169103
Address: 400 South Santa Fe Avenue
Salina, Kansas 67401

DATE: October 15, 2015

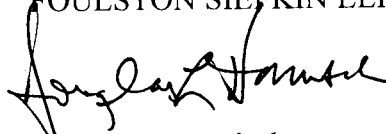
This document constitutes the statement required 29 C.F.R. Section 2520.104-23 to be filed with the Secretary of Labor.

The employer currently maintains one plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The number of employees participating in each deferred compensation plan is one.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

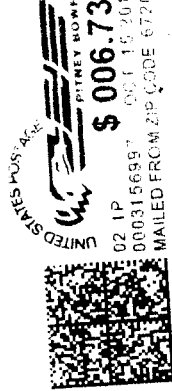
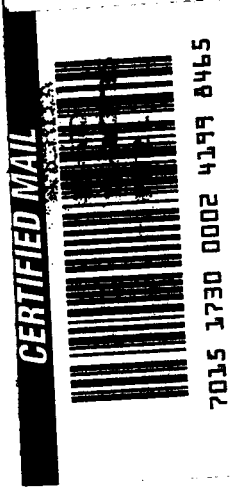
FOULSTON SIEFKIN LLP



Douglas L. Hanisch

DLH/cb
cc: Mr. John Mize

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