

REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or uninsured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. §2520.104-23, the following information is provided by the undersigned employer:

- (1) The name of the employer is Allergy Diagnostic Systems, Inc.
- (2) The mailing address of the employer is 23250 Mercantile Road, Beachwood, Ohio 44122.
- (3) The employer's federal employer identification number (EIN) is 34-1638209.
- (4) The number of plans and the number of participants in each plan is one plan covering one employee.

The employer maintains this plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

The employer will provide a copy of the agreement to the Secretary of Labor upon request.

ALLERGY DIAGNOSTIC SYSTEMS, INC.

Dated: 11/25/96

By: 
Barry Lamp, D.O., President

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November 26, 1996

VIA U.S. CERTIFIED MAIL

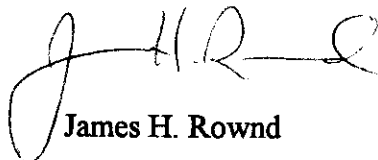
Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

**RE: Allergy Diagnostic Systems, Inc.
Top Hat Plan Exemption Filing**

Dear Sir or Madam:

Enclosed for filing are an original and two (2) copies of the Top Hat Plan Exemption Filing for the above referenced employer. Please file stamp the enclosed copies and return them to the undersigned in the enclosed stamped envelope. If you have any questions regarding this matter, please do not hesitate to call.

Sincerely,



James H. Rownd

JHR:jmg

Encl.

cc: Aleta Wohl
Gary B. Garson, Esq.
Mark Leskovec, Esq.
Stephen L. Kadish, Esq.