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ST. PAUL RADIOLOGY, PROFESSIONAL ASSOCIATION

350 ST. PETER STREET

SUITE 950

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ROSS T. SUTTON, M.D.

December 28, 1992

BUSINESS MANAGER  
DAVID R. ADAMS

Secretary, U.S. Department of Labor  
Pension and Welfare Benefits Administration  
P.O. Box 75212  
Washington, D.C. 20013-5212

RE: DOL Grace Period for Late Filers

28,420

Dear Sir or Madam:

Enclosed you will find a statement, prepared pursuant to the requirements of 29 C.F.R. § 2520.104-23(b)(1), to comply with the alternative method of filing for all unfunded plans maintained by St. Paul Radiology, P.A. for a select group of its management or highly compensated employees, along with a check, made payable to the Department of Labor, in the amount of \$1,000 for the maximum penalty. The enclosed statement and penalty payment are intended to comply with the requirements for filing during the limited "grace period" established by the Department of Labor during which employers can voluntarily file such overdue reports, in accordance with the notices issued on April 20, 1992, and July 24, 1992.

If you have any questions or need any additional information, please advise.

Very Truly Yours,

  
David R. Adams

DRA:klb  
DeptLabor



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BUSINESS MANAGER  
DAVID R. ADAMS

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

Dear Sir or Madam:

Pursuant to the Department of Labor Regulations, 29 C.F.R. § 2520.104-23, under Section 110 of Title I of the Employee Retirement Income Security Act of 1974, St. Paul Radiology, P.A. provides the following information in compliance with the alternative method of reporting and disclosure for unfunded plans maintained for a select group of management or highly compensated employees.

1. Name and address of the Employer: St. Paul Radiology, P.A.
2. Employer Identification Number: 41-0916626
3. St. Paul Radiology, P.A. maintains a plan primarily designed to provide deferred compensation benefits for a select group of management or highly compensated employees.
4. Number of such plans and the number of participants in each plan:

Number of Plans

Number of Participants

1

38

If you have any questions with regard to this filing, please contact the undersigned.

Very Truly Yours,



David R. Adams  
Plan Administrator

DRA:klb  
TopHat

OUR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
009801		12746794	1000.00	1000.00	0.00	1000.00

