

2520032034477

DECLARATION BY MAWD PATHOLOGY GROUP, INC.
FOR ITS UNQUALIFIED DEFERRED COMPENSATION PLANS
NOTIFICATION UNDER DOL REGULATION 29 CFR 2520.104-23

MAWD PATHOLOGY GROUP, INC.
6501 EAST COMMERCE AVENUE
KANSAS CITY, MISSOURI 64120

43-0922750

MAWD PATHOLOGY GROUP, INC. HEREBY DECLARES, UNDER THE AMNESTY PROVISIONS RELEASED BY THE DEPARTMENT OF LABOR, THAT IT MAINTAINS THE FOLLOWING PLAN OR PLANS FOR THE PURPOSE OF PROVIDING DEFERRED COMPENSATION FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES:

<u>PLAN NAME</u>	<u>NUMBER OF EMPLOYEES COVERED</u>
EMPLOYMENT AGREEMENT BETWEEN MAWD PATHOLOGY GROUP, INC. AND EARL J. WRIGHT, M.D.	1
EMPLOYMENT AGREEMENT BETWEEN MAWD PATHOLOGY GROUP, INC. AND ROBERT L. BRECKENRIDGE, JR., M.D.	1
EMPLOYMENT AGREEMENT BETWEEN MAWD PATHOLOGY GROUP, INC. AND LOUIS A. ALLEN, M.D.	1
EMPLOYMENT AGREEMENT BETWEEN MAWD PATHOLOGY GROUP, INC. AND KIRK R. WILLIAMS, M.D.	1
EMPLOYMENT AGREEMENT BETWEEN MAWD PATHOLOGY GROUP, INC. AND MARK T. STIVERS, M.D.	1
EMPLOYMENT AGREEMENT BETWEEN MAWD PATHOLOGY GROUP, INC. AND JAMES B. DURHAM, M.D.	1
EMPLOYMENT AGREEMENT BETWEEN MAWD PATHOLOGY GROUP, INC. AND DEBORAH A. BOREK, M.D.	1
LOUIS A. ALLEN, M.D. SENIOR DIRECTORS FEE AGREEMENT	1
EARL J. WRIGHT, M.D. SENIOR DIRECTORS FEE AGREEMENT	1



281442

23 Dec 92
DATE

Earl J. Wright MD
SIGNATURE OF ADMINISTRATOR FOR

CHECK DATE:

NAME:

VENDOR NO:

REFERENCE NUMBER

INVOICE DATE

GROSS AMOUNT

DISCOUNT TAKEN

NET AMOUNT PAID

TOTAL ▲

MAWD
MAWD MEDICAL LABORATORIES

6501 EAST COMMERCE AVE
SUITE 101
KANSAS CITY, MO 64120

WASH. D.C. 200-61F 12

