

**COMPENSATION ADVISORY ORGANIZATION OF MICHIGAN**  
P.O. BOX 3337 • LIVONIA, MI 48151-3337  
PHONE: (734) 462-9600 • FAX: (734) 462-9721  
Internet Web Site: [www.caom.com](http://www.caom.com) • E-Mail: [caom@caom.com](mailto:caom@caom.com)

March 20, 2008

**CIRCULAR LETTER NO. 225**

**TO ALL MEMBERS OF THE  
COMPENSATION ADVISORY ORGANIZATION OF MICHIGAN  
NOTICE OF ANNUAL MEETING WITH PROXY**

Dear Member:

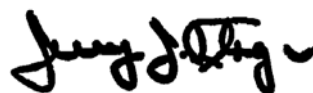
In accordance with Article IX of the Bylaws of the Compensation Advisory Organization of Michigan, the Annual Meeting is scheduled to be held at 10:00 AM on Tuesday, April 22, 2008 in the office of the Compensation Advisory Organization of Michigan, located at 17197 Laurel Park Drive North, Suite 311, in Livonia, Michigan.

Article IX Sub Section 4, of the Bylaws, requires that 51% of the participating members of C.A.O.M. either be present or have executed proxies in order to have a quorum for any meeting.

**Please return an executed proxy or indicate that a representative from your company will be in attendance. Your proxy or notice of attendance should be emailed as a signed attachment to [lterry@caom.com](mailto:lterry@caom.com), faxed to (734) 462-9721 or mailed no later than Wednesday, April 9, 2008.**

A packet containing Agenda, Annual Report and other pertinent information for this meeting will be released prior to the meeting.

Yours very truly,



Jerry J. Stage

Attachment: Proxy

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**PROXY:**

Know all persons by these presents that Mr. Barry Adamson, Chair of the Board of Governors is hereby appointed and constituted my true and lawful attorney with full power of substitution and revocation to specifically vote for the member companies as indicated below and to further represent me on any other matter to come before the Annual Meeting of the members of the Compensation Advisory Organization of Michigan to be held at 10:00 AM on Tuesday, April 22, 2008 in the offices of C.A.O.M.

\_\_\_\_\_  
Name of Company / Group \*\*

By \_\_\_\_\_ Title \_\_\_\_\_

**PLAN TO ATTEND**

Representative \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Name of Company / Group \*\*

**Please return this proxy either by email as a signed attachment to [lterry@caom.com](mailto:lterry@caom.com), fax to (734) 462-9721 or mailed no later than Wednesday, April 9, 2008.**

**\*\* If you are executing one proxy for a group of companies or representing more than one company, please list all member companies in the space below or by separate attachment.**