

**MIRACLE RESTAURANT GROUP, LLC
SECTION 125 PLAN
Election Form
Plan Year 8/1/2009 – 07/31/2010**

PLEASE COMPLETE THE FOLLOWING INFORMATION (Please print legibly)

Employee Name: _____ Soc. Sec. #: _____

Department: _____ Ext. _____ Date of Employment: _____

Date of Birth: _____ Sex: ___ M / ___ F

Home Address: _____ City/ST/Zip: _____

I hereby elect to participate in the Miracle Restaurant Group, LLC Section 125 Plan (the "Plan"). I hereby authorize the following election to be deducted from my regular paycheck each pay period.

In the event my portion of the cost of coverage under the Miracle Restaurant Group, LLC Health Benefit Plan increases or decreases during the period of this election, I authorize the automatic increase or decrease in my deferral amount to correspond to such cost increase or decrease.

I understand my election of the pre-tax option is irrevocable for the plan year to which it applies unless I have a change in family status or otherwise qualify to make a change under regulations or rulings of the Internal Revenue Service. I further understand that the amount allocated for the health coverage option may be used only to pay the expenses under that option.

Signature

Date

WAIVER

I have been given the opportunity to participate in the Miracle Restaurant Group, LLC Section 125 Plan and choose no to do so for the current plan year.

Signature

Date