

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 10176

Amended Confirmation Number:

Employer Information

Name: AbilityPath
Address: 350 Twin Dolphin Drive, Suite 123
City: Redwood City
State: CA
Zip Code: 94065

Plan Administrator Information

Name: Erin Montgomery, AbilityPath
Address: 350 Twin Dolphin Drive, Suite 123
City: Redwood City
State: CA
Zip Code: 94065
Phone: 6507849817
Email: emontgomery@abilitypath.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

| | | | |
|------|------------|-------------------------|---------------------------|
| ID:1 | Plan Name: | AbilityPath 457(f) Plan | Number of Employees: 5 |
|------|------------|-------------------------|---------------------------|

Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 10176. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.