

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

Date Completed: 8/30/2022 1:38 PM EST

Confirmation Number: 10342

Amended Confirmation Number:

Employer Information

Name: Lubricar Inc
Address: 3520 CALLE CUERVO NW
City: ALBUQUERQUE
State: NM
Zip Code: 87114

Plan Administrator Information

Name: Lubricar Inc.
Address: 3520 CALLE CUERVO NW
City: ALBUQUERQUE
State: NM
Zip Code: 87114
Phone: 5058976701
Email: rbjones@myjiffy.com

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:	Lubricar Inc Deferred Compensation Plan	Number of Employees: 11
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Additional Information:

New Plan



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 10342. 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.