

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: 10353

Amended Confirmation Number:

Employer Information

Name: TRACHSEL DENTAL STUDIO INC.
Address: 1834 15TH ST NW
City: ROCHESTER
State: MN
Zip Code: 55901

Plan Administrator Information

Name: JACOB TRACHSEL
Address: 1834 15TH ST NW
City: ROCHESTER
State: MN
Zip Code: 55901
Phone: 5072882362
Email: JACOB.TRACHSEL@GMAIL.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:	BRIAN TRACHSEL	Number of Employees: 1
ID:2	Plan Name:	GREGORY TRACHSEL	Number of Employees: 1

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 10353. 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.